



DEFENDANT'S  
EXHIBIT  
A Part 2

# PROGRESS NOTES

Date/Time	Inmate's Name:		D.O.B.:
7/28/05	McCray, Robert	167644	[REDACTED]
③	<p>MR McCray is a 72 yo BOY c prostate CA Dx. approx 2 year ago. He wants radiation see implants for treatment. He has been offered hyper, external radiation as well. He states he has been <del>approved</del> approved for the seed radiation - but <del>appears that</del> him that we don't want to have the Radiation <del>transplants</del>.</p> <p>All pt's information was sent to Dr. Urban at UTAH to consider implant therapy. After review of all studies Dr. Urban wanted a current prostate biopsy. Arrangements were made for prostate Bx locally, but pt refused this biopsy (he states to me today that he didn't refuse).</p> <p>I called Dr. Urban and he agreed to see pt. and talk to patient &amp; the biopsy to talk &amp; discuss &amp; his options to proceed with implants or take an alternative treatment plan. His appt. date is 8/25/05.</p> <p>I told Mr McCray that appt is being made but no dates given. I told him we would see him if we until his appt &amp; Dr Urban to keep him from feeling he is being left in the dark about his care. Hopefully, this will surprise his feeling that we are not interested in him or his health.</p>		

Date/Time	Inmate's Name:	D.O.B.: / /
8/4/05 12:00 p	DoKCP re. flu c MD W+161 T-98' P-48 R-20 0350+9806 100/58 ————— J. Ayer 400	
	① For awaiting FWA for his prostate, he is Butt shoulder joints & weakness. Also c/o leg edema bilaterally.	
	② also M&D - US as does report Page 52 lung cr Ht 5 mqv A/B. — HCUD — Prostate CA Rt back to re v for FWA c Dr. Urban	
8/11/05	DoKCP re. flu Appt re-sched per HCP's — J. Ayer 400	
8/16/05	DoKCP re. flu No show — J. Ayer 400	
8/18/05	DoKCP re. flu	
	① Feeling good, but still weak no more pain	
	0. 158 <del>7/8</del> 1/8 #	
	Re Prostate CA	
	① awaiting FWA for UAB special unit	
8/25/05	FWA c Dr Urban today Regarding CA of prostate	
	③ Pt given option of watching observation as External beam vs implant. He would like implant. Dr Urban states the gland is large and would require Lupron before implant treatment	
	④ Pt chooses to wait & watch — until after his parole hearing. We will need PSA q 3 months while waiting	



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# PROGRESS NOTES

Date/Time	Inmate's Name: McCray, Robert 167644	D.O.B. [REDACTED]
4/19/05 2:45 P	204/CP re. return from FWA T-975 P-58 R-20 02 sat 97% B/p 168/98 ————— J. Langstr 20	
5/17/05 1:55		
6/20/05	<p>S. Pt men as intake 6/18/05. Status was supposed to be north is. @ UAB for urological surgery (seed implant after a prostate)</p> <p>O 72% B/M V.S. T. 98° P. 76 R. 20 B/P 118/70</p> <p>WT. 158 @ ITBENT ok chest lungs clear heart tones ok abdomen ok back 3 inch mass just @ midline LS spine</p> <p>A History of untreated prostate cancer - Presently to get read</p> <p>① Return Thursday for Plan of Care through UAB.</p> <p>② N/A</p> <p>Paul J. Roman MD</p>	
7/19/05 11:25	<p>Returned from FWA awaiting to be evaluated by NCP with 158% T-975 P-90 R-20 02 sat 97% 108/74 ————— J. Langstr</p> <p>error wrong pt. ————— D. Dwyer</p>	
7/19/05	<p>20 to CP re. f/u UM / Sick call</p> <p>S-I just feel really weak, It does not interfere with me doing stuff, it's just in my shoulders</p> <p>O-Good Rom, Labs reviewed. Contd &amp; no clauia 7x right and sense of not emptying bladder</p> <p>A/P- Will V-<del>be</del> CBC, P. Flomax. Ha 1 month Discuss &amp; Dr Pleasant UAB Appt ————— Shastun</p>	



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Robert L McCray Date of Request: 7-7-05  
 ID # 167644 Date of Birth: [REDACTED] Location: E-7-2  
 Nature of problem or request: Sever fatigue constant periodic brief  
sensations of dizziness. urinary evacuation difficulty  
nocturnal frequency x 7 periodic spot bleeding  
ankle swelling  
Robert L McCray  
 Signature

DO NOT WRITE BELOW THIS LINE

Date: 7/8/  
 Time: 1100 AM PM  
 Allergies: cat & press

RECEIVED Date: <u>7/2/05</u> Time: <u>915 am</u> Receiving Nurse Initials: <u>[Signature]</u>
--

(S)ubjective: I have fatigue in my shoulder & torso.  
 I have dizzy spell periods, I do have difficulty  
 with urinary stream, I do not complete empty bladder  
 clear yellow urine  
 (O)bjective (V/S): T: 98 P: 64 R: 20 BP: 120/60 WT: 155

4/0 fatigue - Ambulate well but soft, also 4/0  
 dizziness. Bil Hand Grip noted. PERR A. At 0x 3  
 Difficulty voiding. Able palpable - Some bladder distention  
 (A)ssessment: Normal - No tenderness to touch.  
 4/0 Anal bleeding - No blood on underwear.  
 Bil ankle edema 2+ @ 2

Alteration in Health Maintenance

(P)lan:

MD / HCP to evaluate

Refer to: MD/PA Mental Health Dental Daily Treatment

Return to Clinic PRN 7/9

CIRCLE ONE

Check One: ROUTINE EMERGENCY ( )

If Emergency was PHS supervisor notified: Yes ( ) No ( )

Was MD/PA on call notified: Yes ( ) No ( )

Watch Newsletter  
for MD Visit

[Signature]  
7/8/05

[Signature]  
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



## PROGRESS NOTES

60111 (5/85)



# DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

<b>RECEIVED: Inmate/Health Record</b> Institution: <u>Free</u> Date: <u>6/18/05</u> Time: <u>1005</u> AM/PM RECEIVED FROM: Institution/Work Release Center/Free-World Hospital	<b>RELEASED: Inmate/Health Record</b> Institution: <u>Staton</u> Date: <u>6/17/05</u> Time: <u>0200</u> AM/PM RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> <u>Fountain CORR</u> Institution/Work Release Center/Free-World Hospital	<b>ALLERGIES:</b> <u>Cataplex</u> <b>PHYSICAL EXAMINATION</b> Date of last exam: _____ Chest X-Ray Date: <u>2/10/03</u> Result: <u>None</u> PPD Reading <u>0/15/04</u> Classification: _____ Limitations: _____
<b>RECEIVING MEDICAL STATUS</b> <input type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation		

LAB RESULTS -- LAST REPORT				YES NO	
	Date	Normal	Abnormal		
CBC	_____	<input type="checkbox"/>	<input type="checkbox"/>	Wears Glasses/Contacts	<input type="checkbox"/>
Urinalysis	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dental Prosthesis	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aide	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other Prosthesis	<input type="checkbox"/>
					Receiving Nurse

## CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

CAO/HTN — Prostate CA

<b>CURRENT MEDICATION -- DOSAGE AND FREQUENCY</b> <u>Flomax 0.4mg ÷ PO qd</u> <u>Diltiazem CB 240mg ÷ PO qd</u> <u>ASA EC 325mg ÷ PO qd</u> <u>Fiber Lax 625mg PO qd</u> <u>Atenolol 150mg PO qd</u> <u>Vasotec 10mg PO qd</u> <u>Ducosate 100mg PO BID</u> <u>Minipress 2mg ÷ PO BID</u>	<b>MEDICATIONS</b> <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate <b>X-RAY FILM</b> <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate <b>HEALTH RECORD</b> <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate Released to: <u>Fountain CORR</u> Date: <u>6/17/05</u> Time: <u>0200</u> AM/PM <b>MEDICATIONS</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received <b>X-RAY FILM</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received <b>HEALTH RECORD</b> <input type="checkbox"/> Received <input type="checkbox"/> Not Received <b>CHART REVIEWED</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Received by: _____ Signature of Receiving Nurse Date: <u>6/18/05</u> Time: <u>0900</u> AM/PM
---	--

FOLLOW-UP CARE NEEDED		Date	Time	With Whom -- Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Dental	<u>PRN</u>	_____	_____	<u>Dobson 6/20/05 6</u>
<input type="checkbox"/> Mental Health		_____	_____	_____	_____

<b>NURSING ASSESSMENT (SENDING NURSE)</b> (Noted from health record documentation) <table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td><b>HISTORY</b></td> <td></td> <td></td> </tr> <tr> <td>Drug Use</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Illness</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Suicide Attempt</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Chronic Care</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td><b>STATUS</b></td> <td></td> <td></td> </tr> <tr> <td>Special Diet</td> <td></td> <td></td> </tr> <tr> <td>Appearance</td> <td></td> <td></td> </tr> </table> OTHER PERTINENT NURSING ASSESSMENT <u>C. Kheelm</u> Signature of Nurse Completing Assessment (Sending Nurse)		Yes	No	<b>HISTORY</b>			Drug Use		<input checked="" type="checkbox"/>	Mental Illness		<input checked="" type="checkbox"/>	Suicide Attempt		<input checked="" type="checkbox"/>	Chronic Care	<input checked="" type="checkbox"/>		<b>STATUS</b>			Special Diet			Appearance			<b>NURSING ASSESSMENT (RECEIVING NURSE)</b> (Noted from inmate assessment) <table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td><b>SKIN</b></td> <td></td> <td></td> </tr> <tr> <td>Open Sores</td> <td></td> <td></td> </tr> <tr> <td>Lice</td> <td></td> <td></td> </tr> <tr> <td>Edema</td> <td></td> <td></td> </tr> <tr> <td>Warm &amp; Dry</td> <td></td> <td></td> </tr> <tr> <td>Cool &amp; Moist</td> <td></td> <td></td> </tr> <tr> <td><b>CONDITION</b></td> <td></td> <td></td> </tr> <tr> <td>Alert</td> <td></td> <td></td> </tr> <tr> <td>Oriented</td> <td></td> <td></td> </tr> <tr> <td>Uncooperative</td> <td></td> <td></td> </tr> <tr> <td>Depressed</td> <td></td> <td></td> </tr> </table> Date: <u>6/17/05</u> Signature of Intake Screening Nurse (Receiving Nurse)		Yes	No	<b>SKIN</b>			Open Sores			Lice			Edema			Warm & Dry			Cool & Moist			<b>CONDITION</b>			Alert			Oriented			Uncooperative			Depressed			<b>INTAKE</b> Sick Call Procedures Explained <u>yes</u> Height <u>67"</u> Weight <u>168</u> Blood Pressure <u>128/88</u> Temperature <u>98.6</u> Pulse Resp. <u>66/16</u> Other _____ Date: <u>6/18/05</u>
	Yes	No																																																															
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INMATE NAME (LAST, FIRST, MIDDLE) <u>MCRAVY Robert</u>		DOC# <u>167644</u>	DOB <u>[REDACTED]</u>	Race/Sex <u>BM</u>	FAC _____																																																												

**STATION CORRECTIONAL CENTER  
RECEIVING SCREENING FORM**

INMATE'S NAME: Robert McCreary AIS# 167644R DATE: 6/22/05  
 TIME: 5:00 DOB: [REDACTED] OFFICER: Lorenzo Davis

**Booking Officer's Visual Opinion**

- |   | YES                                 | NO                                  |
|---|-------------------------------------|-------------------------------------|
| 1. Is the inmate conscious?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3. Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4. Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infections which might spread through the institution?                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Is the skin in poor condition or show signs of vermin or rashes?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6. Does the inmate appear to be under the influence of alcohol or drugs?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7. Are there any visible signs of alcohol or drug withdrawals?<br>(extreme perspiration, shakes, nausea, pinpoint pupils, etc.)                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Is the inmate making any verbal threats to staff or other inmates?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. Is the inmate carrying any medication or report that he is on any Medication which must be continuously administered or available?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 10. Does the inmate have any obvious physical handicaps?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 12. Do you want to talk to a mental health counselor?<br>a. Did inmate respond?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 13. Do you have epilepsy?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 14. Do you have any medical problems we should know about?  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

*Cancer*

**FOR THE OFFICER: (circle action)**

15. The inmate was: **A:** Released for normal processing. **B:** Referred to appropriate health care unit.  
**C:** Immediately sent to health care unit

Robert McCreary  
 INMATE'S SIGNATURE/AIS #

Lorenzo Davis  
 OFFICER'S SIGNATURE



## PROGRESS NOTES

Date/Time	Inmate's Name: <u>McCray, Robert</u> 167644 D.O.B.: <span style="background-color: black; color: black;">[REDACTED]</span>
2/4/05	to see M.D. for Flu. <u>PK</u>
wt 160	75, 98 SAT, 20, 140/76 <u>PK</u>
	5- Why am I here today.
	0- Discuss choice of treatments for CA. Still wants implants. Dr Williams in process of making appt. Dr Union (UAB) out of office till Monday. <u>Signature</u>
2/7/05	to HCP re: sore throat
4/18/05	cln more lying in bed. Awake at abt x 3.
2330	Resp unlabored, skin w/o to touch VS 98', 70, 76, 140/88. FWA in AM - C.H.H. <u>PK</u>
5/3/05	Dr. Paul Shaship's office contacted about pt, they will see pt. but will need documentation showing that he will need biopsy of prostate. H.A. informed of above information <sup>ERROR</sup> above and documentation to be faxed to Dr. Shaship's office. <u>E. Ellis, MD</u>
5/16/05	Wt 160 FWA 120/80 98.3 96% 70/20 - CH Smith <u>PK</u>
5/17/05	Rec'd pt. from FWA - Wgt - 161 lbs Bp 108/88 P-68 R-20
135	T-98.6 Pt refused to have Biopsy of prostate - <u>E. Ellis, MD</u>



# DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

<b>RECEIVED: Inmate/Health Record</b>  Institution: _____  Date: _____ Time: _____ AM/PM <b>RECEIVED FROM:</b> Institution/Work Release Center/Free-World Hospital _____	<b>RELEASED: Inmate/Health Record</b> Institution: <u>BIBB</u> Date: <u>6-22-04</u> Time: _____ AM/PM <b>RELEASE FROM:</b> <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ <b>RELEASE TO:</b> <input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input checked="" type="checkbox"/> <u>Station</u> Institution/Work Release Center/Free-World Hospital _____	<b>ALLERGIES:</b> <u>Catapress</u> <b>PHYSICAL EXAMINATION</b> Date of last exam: _____ Chest X-Ray Date: <u>2-10-03</u> Result: <u>Clear</u> PPD Reading _____ Classification: _____ Limitations: _____																
<b>RECEIVING MEDICAL STATUS</b> <input type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation	<b>LAB RESULTS - - LAST REPORT</b> <table border="1"> <thead> <tr> <th></th> <th>Date</th> <th>Normal</th> <th>Abnormal</th> </tr> </thead> <tbody> <tr> <td>CBC</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Urinalysis</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			Date	Normal	Abnormal	CBC	_____	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
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Urinalysis	_____	<input type="checkbox"/>	<input type="checkbox"/>															
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>															
<b>Wears Glasses/Contacts</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Dental Prosthesis</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Hearing Aide</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Other Prosthesis</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Receiving Nurse</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>C. Hill, RN</u>																

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

See chart

CURRENT MEDICATION - - DOSAGE AND FREQUENCY

See chart

**MEDICATIONS** ☐ Sent w / inmate ☒ Not sent w / inmate  
**X-RAY FILM** ☐ Sent w / inmate ☒ Not sent w / inmate  
**HEALTH RECORD** ☒ Sent w / inmate ☐ Not sent w / inmate  
 Released to: Station

Date: 6-22-04 Time: \_\_\_\_\_ AM/PM

**MEDICATIONS** ☒ Received ☐ Not Received  
**X-RAY FILM** ☐ Received ☒ Not Received  
**HEALTH RECORD** ☒ Received ☐ Not Received  
**CHART REVIEWED** ☒ YES ☐ NO

Received by: C. Hill, RN  
 Signature of Receiving Nurse  
 Date: 6/25/04 Time: 2400 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: \_\_\_\_\_ LAST CLINIC: \_\_\_\_\_

FOLLOW-UP CARE NEEDED	Date	Time	With Whom - - Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
<input type="checkbox"/> Medical <input type="checkbox"/> Dental	_____	_____	_____	_____
<input type="checkbox"/> Mental Health	_____	_____	_____	_____

NOT (SENDING NURSE)  
- health record documentation

	Yes	No
<b>HISTORY</b>		
Drug Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Suicide Attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>STATUS</b>		
Special Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER PERTINENT NURSING ASSESSMENT

NURSING ASSESSMENT (RECEIVING NURSE)  
(Noted from inmate assessment)

	Yes	No
<b>SKIN</b>		
Open Sores	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Edema	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Warm & Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cool & Moist	<input type="checkbox"/>	<input type="checkbox"/>
<b>CONDITION</b>		
Alert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INTAKE

Sick Call Procedures Explained Yes  
 Height 5'4"  
 Weight 160  
 Blood Pressure 128/70  
 Temperature 98.4  
 Pulse Resp. 86/18  
 Other \_\_\_\_\_

Graham W. N.  
 of Nurse Completing Assessment (Sending Nurse)

6-22-04  
 Date

C. Hill, RN  
 Signature of Intake Screening Nurse (Receiving Nurse)

6/25/04  
 Date

TE NAME (LAST, FIRST, MIDDLE)

MCCRAY Robert

DOC#

167644

DOB

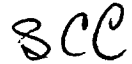
[REDACTED]

Race/Sex

B/m

FAC.

BIBB



Date/Time	
2/1/65 12:00A	A 71 year old black male admit in the Mrgu per Dr. Wellman for a bee sting. epitaxial Rhoda, Alert 30 ment x3. Resp Chest - clear w/p to touch, Temp 98.4, P 80, R 20 and B/p 140/30. No acute changes noted at this time - city
6-17-05	Rec'd Uols <u>IV</u> & <u>IV</u> only

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
McCray, Robert	67644	[REDACTED]	12/11	State

Name	Last <u>M. Gray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>10/23/03</u> Allergies <u>D</u>	Facility	<u>DRB</u>
SIG	<p><u>WTC in 2 weeks</u></p> <p><u>feet soak &amp; use toe nail brush</u></p> <p><u>15 lth WR</u></p>	<p>Discontinue <u>noted</u></p> <p>Continue <u>Blanton</u></p> <p>Increase <u>4/15/04</u></p> <p>Decrease <u>8/1</u></p>	
Physician Signature	<u>[Signature]</u>		

Name	Last <u>McGraw</u> First <u>Robert</u> Middle Initial <u></u>	AIS #	<u>1657644</u>
Date	<u>10/12/03</u> Allergies <u>None</u>	Facility	<u>Birkb</u>
SIG.	<u>(1) HCTZ 25mg po BID x 90 days KOP</u> <u>(2) Chlorthal 600mg po BID x 90 days KOP</u> <u>(3) Atenolol 50mg po q daily x 90 days KOP</u> <u>(4) Lasix 325mg po q daily x 90 days KOP</u> <u>(5) 4minipress 1mg po BID x 90 days KOP</u> <u>(6) Tylenol 4 tabs po BID x 90 days</u>	Discontinue	<u>Noted D.</u> <u>10/12/03</u>
Physician Signature:	<u>[Signature]</u>	Continue	<u>@ 1025 AM</u>
		Increase	<u>59 yflew</u>
		Decrease	<u>[Signature]</u>

Name	3 <sup>Left</sup> 33 <sup>First</sup> M. C. Ray <sup>Middle Initial</sup> J. P. Turner	Age	33	DOB	10/15/59	Sex	M	Race	BRN	Religion	PRN
Date	10/15/93	Allergies	Nitro 400 SL 25 ordered x 180 days KOI								
SIG.	Redrawn 1/75/94					Discontinue					
Physician Signature: J. P. Turner					Continue						
Medications: HCTZ 25mg BID x 180 days					Increase						
Lopid 600mg BID x 180 days					Decrease						
Physician Signature: J. P. Turner					NCP						

Name <u>Mr. Cray, Robert</u>		AIS # <u>767644</u>	
Date <u>7-11-03</u>		Facility <u>BIBB</u>	
SIG. <u>HCTZ 25mg PO qd</u> <u>Lopid 600mg PO BID</u> <u>atenolol 50mg PO qd</u> <u>ASA 325mg PO qd</u> <u>minipress 2mg PO BID</u>		Discontinue <u>noted</u> Continue <u>announced</u> Increase <u>7-11-03</u> Decrease <u>1915</u>	
Physician Signature: <u>Tulend tab 2 PO TID</u>		<u>X90 days</u> <u>KOR</u> <u>7/11/03</u>	

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>6/12/03</u> Allergies	Facility	<u>260</u>
SIG.		Discontinue	<u>Discontinue</u> <u>6/12/03</u> <u>1145</u>
1) What was lesion (malignant?) - VAB (malignant) 2) PSA, CAC, Cmp (14) - done 7/9/03 3) May have coat - profile x 180 kps (check email - printer error)		Continue	
Physician Signature: <u>[Signature]</u>		Increase	
		Decrease	

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>4/25/03</u> Allergies	Facility	<u>Bibb</u>
SIG.		Discontinue	<u>noted</u> <u>4/25/03</u> <u>@ 11:55 AM</u> <u>57 floor w</u>
1) May have splenomegaly - woman 2) Check with VAB/Dr. FIVEAST 3) A/C 2 weeks		Continue	
Physician Signature: <u>[Signature]</u>		Increase	
		Decrease	

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>4/17/03</u> Allergies <u>NKA</u>	Facility	<u>Bibb</u>
SIG.		Discontinue	<u>noted</u> <u>4/17/03</u> <u>@ 6:00 PM</u> <u>R. [Signature]</u>
D/C LUPREN (referral by [Signature])		Continue	
Physician Signature: <u>[Signature]</u>		Increase	
		Decrease	

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>4/15/03</u> Allergies <u>NKA</u>	Facility	<u>Bibb</u>
SIG.		Discontinue	<u>noted</u> <u>4/15/03</u>
① HCTZ 25mg po QD x 90 days KOP ② Lopid 600mg po bid x 90 days ③ Tenormin 50mg po QD x 90 days ④ ASA 325mg po QD x 90 days ⑤ Minipress 2mg po bid x 90 days ⑥ 1/4 tabs po tid PRN x 90 days		Continue	
Physician Signature: <u>[Signature]</u>		Increase	
		Decrease	

Name <sup>Last</sup> <u>McCray</u> <sup>First</sup> <u>Robert</u> <sup>Middle Initial</sup> <u></u>	AIS # <u>167644</u>
Date <u>2/10/03</u> Allergies <u></u>	Facility <u>KCF</u>
SIG. <u>1) What was brain / MELT? - VAB (in thigh)</u> <u>2) PSA: CAC, Cmp (in) June 7/9/03</u> <u>3) May have cont. profile x 180 hrs</u> <u>J. Q. R. - (check with - sent to)</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>J. Q. R.</u>	

NC002

Name <sup>Last</sup> <u>McCray</u> <sup>First</sup> <u>Robert</u> <sup>Middle Initial</sup> <u></u>	AIS # <u>167644</u>
Date <u>4/1/03</u> Allergies <u></u>	Facility <u>KCF</u>
SIG. <u>V.O. My Robb's release medical</u> <u>hold McCray with VAB to Financial Camp</u> <u>(Bible) 3/21/03</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>M. Robbins</u>	

NC002

Name <sup>Last</sup> <u>McCray</u> <sup>First</sup> <u>Robert</u> <sup>Middle Initial</sup> <u></u>	AIS # <u>167644</u>
Date <u>2/10/03</u> Allergies <u>Catapressin</u>	Facility <u>KCF</u>
SIG. <u>WAB stop spreads (infected h.s.)</u> <u>1/21/03</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>V.O. A. Howard</u>	

NC002

Name <sup>Last</sup> <u>McCray</u> <sup>First</sup> <u>Robert</u> <sup>Middle Initial</sup> <u></u>	AIS # <u>167644</u>
Date <u>2/10/03</u> Allergies <u>Catapressin</u>	Facility <u>KCF</u>
SIG. <u>1) Chest XRAY R/O Pneumonia</u> <u>2) EKG</u> <u>3) Amoxicillin 1gm + PO BID x 10 days</u> <u>4) Cold x BID x 7 days</u> <u>5) CBC</u>	Discontinue Continue Increase Decrease
Physician Signature: <u>A. D. Cray</u>	

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>6/1/03</u> Allergies	Facility	<u>KCF</u>
SIG.	<p>1) what is brain implant? - UAB (in file)</p> <p>2) PSA, CAC, Cmp (in) - 11/03</p> <p>3) may have cont. profile x 170 hrs</p> <p>(see sig)</p>	Discontinue Continue Increase Decrease	<p>1415</p>
Physician Signature: <u>[Signature]</u>			

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>4/1/03</u> Allergies <u>[Signature]</u>	Facility	<u>KCF</u>
SIG.	<p>1) on day 10/10/03 the patient had a medical hold.</p> <p>2) on day 10/10/03 the patient had a medical hold.</p> <p>3) on day 10/10/03 the patient had a medical hold.</p>	Discontinue Continue Increase Decrease	
Physician Signature: <u>[Signature]</u>			

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>2-4-03</u> Allergies <u>Cataplexis</u>	Facility	<u>KCF</u>
SIG.	<p>1) Lupron 7.5 mg IM q mos</p> <p>X 4 mos</p> <p>(D)</p>	Discontinue <u>noted</u> Continue <u>2-4-03</u> Increase <u>5/20/03</u> Decrease <u>10/1/03</u>	
Physician Signature: <u>[Signature]</u>			

NC002

Name	Last <u>McCray</u> First <u>Robert</u> Middle Initial	AIS #	<u>167644</u>
Date	<u>1-13-03</u> Allergies <u>NKA</u>	Facility	<u>KCF</u>
SIG.	<p>1) 4trm 2mg qam &amp; qhs</p> <p>Lop. D 600 mg B.I.D X 180</p>	Discontinue Continue Increase Decrease	
Physician Signature: <u>[Signature]</u>			

Name	Last <u>McCrory</u> First <u>Robert</u> Middle Initial <u></u>	AIS # <u>167644</u>
Date	<u>1/9/03</u> Allergies <u></u>	Facility <u>KC7</u>
SIG.	<p>1) 100 mg 1-1000? UAB (2/1/03)</p> <p>2) 100 mg 1-1000? UAB (2/1/03)</p> <p>3) 100 mg 1-1000? UAB (2/1/03)</p> <p>4) 100 mg 1-1000? UAB (2/1/03)</p> <p>5) 100 mg 1-1000? UAB (2/1/03)</p>	Discontinue Continue Increase Decrease
Physician Signature: <u>[Signature]</u>		NC002

Name	Last <u>McCrory</u> First <u>Robert</u> Middle Initial <u></u>	AIS # <u>167644</u>
Date	<u>1/9/03</u> Allergies <u>Catapress</u>	Facility <u>KC7</u>
SIG.	<p>10) Chem profile + CBC</p> <p>11) <del>100 mg 1-1000? error</del></p> <p>12) Please have most recent consult report by Dr. <sup>2 mos ago</sup> [Signature] faxed here if possible (from his office)</p>	Discontinue Continue <u>1-9-03</u> Increase <u>S. Benton RN</u> Decrease
Physician Signature: <u>[Signature]</u>		NC002

Name	Last <u>McCrory</u> First <u>Robert</u> Middle Initial <u></u>	AIS # <u>167644</u>
Date	<u>1/9/03</u> Allergies <u>Catapress</u>	Facility <u>KC7</u>
SIG.	<p>6) HCTZ 25 mg po qd x 180d</p> <p>7) Lopid 600 mg po bid x 180d</p> <p>8) Tylenol II po q tid pm x 180d</p> <p>9) Maalox 30 cc po tid pm x 180d</p>	Discontinue Continue <u>1-9-03</u> Increase <u>S. Benton RN</u> Decrease
Physician Signature: <u>[Signature]</u>		NC002

Name	Last <u>McCrory</u> First <u>Robert</u> Middle Initial <u></u>	AIS # <u>167644</u>
Date	<u>1/9/03</u> Allergies <u>Catapress</u>	Facility <u>KC7</u>
SIG.	<p>1) May go to population - on medical hold. ✓</p> <p>2) DIC Procyonin</p> <p>3) Hytrin 2 mg po q AM + q HS x 180d</p> <p>4) Tenormin 50 mg po qd x 180d</p> <p>5) ASA 325 mg po qd x 180d</p>	Discontinue Continue Increase <u>1-9-03</u> Decrease <u>S. Benton RN</u>
Physician Signature: <u>[Signature]</u>		

WapitiCare, Inc.

## Health Services Request Form

Inmate Name Robert L. McCray MECray Date of Request 2-8-03 11:45 PM  
 AIS No. 167644 Date of Birth [REDACTED] Housing Loc. N 86  
 Nature of problem or request chills on Temp 101 Sore Throat  
Chronic Care (prostate Cancer)

Sign here for consent to be treated by health staff for the condition described above. [Signature]

Place this slip in Medical Box or designated area

DO NOT WRITE BELOW THIS LINE

## Health Care Documentation

Subjective: "I don't feel good, I've been running a fever. Got the chills yesterday afternoon. Have had pain & fluttering in my chest." No body aches in shoulders

Objective: BP 140/80 P 108 R 20 T 102.9 WT 163  
 A&O x3. Resp c ease. Temp & Pulse 1. No acute distress noted.

Can unremarkable

Assessment: Alt Comfort R/T fever & chills Rto Pneumonia

Plan: See NP ① chest x ray  
 ② Amoxicillin 1gm tid BID x 10 days  
 ③ coldex BID x 7 days  
 ④ EKG

Refer to: PA/Physician Mental Health Dental

Education: Per NP

Protocol used: (specify)

Signature Nebekah [Signature] Title RD Time 0710 Date 2/10/03

## NAPHCARE, INC.

## INTRASYSTEM TRANSFER FORM

## HEALTH STATUS

Transferring  
Facility:Date: 4/14/03

Time: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Handler Approved Y / N

Current Acute Conditions/Problems: \_\_\_\_\_

Chronic Conditions/ Problems: HTN, Prostate Ca

Current Medications- Name, Dosage, Frequency, Duration:

Acute short term medications \_\_\_\_\_

Chronic Long Term Medications See MAP

Chronic Psychotropic Medications \_\_\_\_\_

Current Treatments: \_\_\_\_\_

Follow up care Needed \_\_\_\_\_

Last PPD 6-20-02 Results 9mms Last Physical 6/20/02

Chronic Clinics \_\_\_\_\_

Specialty Referrals \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Physical Disabilities/Limitations \_\_\_\_\_

Glasses \_\_\_\_\_

Contacts \_\_\_\_\_

Assistive Devices/Prosthetics \_\_\_\_\_

Mental Health History/Concerns Prostate CaSubstance abuse Y/NAlcohol Y/NDrugs Y/NHx Suicide Attempt Date 1/1/01

Hx Psychotropic Medication \_\_\_\_\_

Previous Psychiatric Hospitalizations \_\_\_\_\_

Signature/Title/Date

Pharms, LPN 4/14/03

Transfer Reception Screening

Date 4/15/03 Time 8:15 am pmS: Current complaint Prostate CACurrent medications/Treatments See ChartO Physical Appearance/Behavior Good

Deformities: Acute/Chronic \_\_\_\_\_

98 P 10 R 20 B/P 120/80

A \_\_\_\_\_

P Disposition (Instructions: Check or circle as appropriate)

☒ Routine sick call Instructions given☒ Emergency referral☒ HIV/TB Instructions given☒ Physician referral

Urgent / Routine

☒ Medication Evaluation☒ Work/Program Limitation☒ Special Housing☒ Specialty Referrals☒ Chronic Clinics☒ Mental Health☒ OTHER☒ Infirmary Placement

Receiving Facility:

B. B. B.

Signature/ Title:

Pharms



Robert A. C. M.

16764

Institution

DATE	TIME	NOTES	SIGNATURE
01/16/83	DIS	T 98.4 P 76 R 20 BP 110/82 WT 164	
		S. Pringle Adams Co.	
		Spikes of fatigue. Sup. cont. <u>dyslexia</u> .	
		0. In cont. Lms.	
		a- ? with fluency.	
		1. VAO (??) in Cms.	
		8. Jellida Lin	
		T 97.4 P 60 R 18 BP 110/82 WT 154	
		S- Here for Flu spot for PSA. States having less prob. i	
		cho. of log (B) Great to emails being too long	
		0. Heart num's in R	
		Legs- cont. (B)	
		PSA - 7.2 10/12/83	
		A- Pringle Co	
		P. RT C in 2 weeks	
		With CP	

NAPHCARE  
PHYSICIAN'S PROGRESS NOTES

DATE	TIME	NOTES MUST BE SIGNED BY PHYSICIAN
1/9/03	0729	<p>69yo BM <math>\pm</math> recently dx'd prostate Ca reportedly to undergo XRT. Denies ex except urinary hesitancy + fr. frequency. No records presently available.</p> <p>PMHx 1) HTN</p> <p>PSHx 1) Orthopedic fx's + procedures @ LC.</p> <p>Allergies: Catapress (?).</p> <p>VSS. Afebrile. Alert, oriented x3.</p> <p>HEENT (-).</p> <p>Lungs clear.</p> <p>Heart RRR <math>\pm</math> m/r gallop.</p> <p>Abdomen soft <math>\pm</math> organomegaly or mass.</p> <p>Rectal not done.</p> <p>A/P 1) HTN - controlled</p> <p>2) Prostate Ca.</p> <p style="text-align: right;">Oncology to see Get records.</p> <p style="text-align: right;">Robins</p>
1/10/03	0716	<p>VSS. Afebrile. No %.</p> <p>Records show Gleason 36 (3+3) adenocCa of prostate without apparent metastases.</p> <p>Present <del>man</del> plans XRT + Lupron.</p> <p style="text-align: right;">Robins</p>
NAME- LAST		FIRST
McCaig		Robert
MIDDLE		167644
AIS #		

Naphcare

## PHYSICIAN PROGRESS NOTES

Patient Name: McCray Robert

I.D. # 1167644

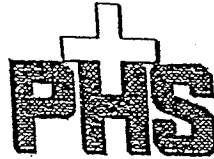
Institution: Bibb

DATE	TIME	NOTES	SIGNATURE
4/25/03		<p>Wt. 164, 138 lbs; 6'4", 18, 982</p> <p>PSA = 9.3 - Adeno Carcinoma Prostate Dx'd 1/03</p> <p>Has derived clinic of Dr. [unclear] - Oncology to go to 3 clinics</p> <ol style="list-style-type: none"> <li>1) Surgery - he refused</li> <li>2) Radiation - " "</li> <li>3) Seeding - this is his clinic</li> </ol> <p>I'm having trouble finding the right option to send.</p> <p>DOT - I found one with note dated 2/17/03 says:</p> <p>"Patient has decided to have prostate implant." to be done 10/11/03</p> <p>O. PE - Prostate w/ N w/ 10 Bm in NAD</p> <p>Rectal - third sized red lumbal - prostate firm</p> <p>A. Adenoma</p> <p>B. Check blood IMPROVED at VAB</p> <p>E - I'd like to see him</p>	

J. Q. [unclear]

NAPHCARE  
NURSE'S NOTES

DATE	TIME	
1/8/03	17 <sup>45</sup> pm	A 69 y/o Black male, admitted to unit #13 from Bibb medical Center undergoing S012 Radiation Therapy. Awake & alert & oriented x3. Color good. Skin w/d to touch. Bowel soft & active. Bowel sound present. No mucus given. As ordered. <i>CP</i>
1-9-03	0130	S- No complaint voiced @ present time O- A/O x3 w/d to touch, no s/s of distress noted. Asleep @ this time. Intake A- Act in comfort level. R/K dx- P- Plan & care to monitor continued. <i>CP</i>
1-9-03	2000	S- No complaint voiced O- Awake & alert & oriented x3 Color good. Skin w/d to touch A- Act in comfort. R/K dx- P- Cont per <i>Brown</i>
1-9-03		R- Instructed to notify nursing staff if any A's in current health status. Summarize & acknowledge understanding of instructions. <i>J. Scott, RN</i>
1/10/03	0200	S- No complaints voiced @ present time O- Resp & ease, no distress noted @ present type <i>A- Act in comfort</i> R/K dx- <i>P- Cont per</i> <i>D. Dillworth</i>
NAME- LAST		FIRST MIDDLE AIS#
Mc Cray		Robert 167644



PRISON HEALTH SERVICES, INC.

FACSIMILE TRANSMITTAL SHEET

TO: Dr. Mosier / Michelle FROM: Staton  
COMPANY: PHS DATE: \_\_\_\_\_  
FAX NUMBER: 395-8156 TOTAL NO. OF PAGES INCLUDING COVER: (2)  
PHONE NUMBER: \_\_\_\_\_

RE: More info on Urgent request

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

If you receive this in error, please call

. Thank you.

Michelle,  
This inmate was transferred to  
Atmore by mistake now he is back @  
Staton. Also this is an urgent request  
Thank,  
Mr. Ellis

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	McCray, Robert	<b>Inmate Number:</b>	167644MC
<b>Service Authorized:</b>	Office Visits: Outpatient Urology Referral	<b>Effective Dates:</b>	04/21/2005
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	3
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14940608	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	McCray, Robert	<b>Inmate Number:</b>	167644MC
<b>Service Authorized:</b>	Office Visits: Outpatient Urology Referral	<b>Effective Dates:</b>	04/05/2005
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14870716	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time

Please send this form with the Authorization Letter to the service provider at the time of the Appointment

DEMOGRAPHICS			
<b>Site Name &amp; Number:</b> <div style="border: 1px solid black; padding: 2px;">Staton 843</div>	<b>Patient Name: (Last, First)</b> <div style="border: 1px solid black; padding: 2px;">McCray, Robert</div>	<b>Date: (mm/dd/yy)</b> <div style="border: 1px solid black; padding: 2px;">02/02/05</div>	
<b>Site Phone #</b> <div style="border: 1px solid black; padding: 2px;">(334) 567 - 1548</div>	<b>Alias: (Last, First)</b> <div style="border: 1px solid black; padding: 2px;"></div>	<b>Date of Birth: (mm/dd/yy)</b> <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div>	
<b>Site Fax #</b> <div style="border: 1px solid black; padding: 2px;">(334) 567 - 1538</div>	<b>Inmate #</b> <div style="border: 1px solid black; padding: 2px;">167644</div>	<b>PHS Custody Date: (mm/dd/yy)</b> <div style="border: 1px solid black; padding: 2px;">05/21/92</div>	
<b>Will there be a charge?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>SS Number</b> <div style="border: 1px solid black; padding: 2px;">[REDACTED]</div>	
<b>Potential Release Date: (mm/dd/yy)</b> <div style="border: 1px solid black; padding: 2px;">12/07/13</div>			
<b>Responsible party:</b> <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Other, be specific (Excludes Medicare and Medicaid):			
CLINICAL DATA			
<b>Requesting Provider:</b> <input type="checkbox"/> Physician <input checked="" type="checkbox"/> NP, PA <input type="checkbox"/> Dental <div style="border: 1px solid black; padding: 2px;">S. L. L. CRNP</div>		<b>History of Illness/Injury/symptoms with Date of Onset:</b> <div style="border: 1px solid black; padding: 2px;">Gleason Score 6</div>	
<b>Facility Medical Director Signature and Date:</b> <div style="border: 1px solid black; padding: 2px;">  2/2/05         </div>		<div style="border: 1px solid black; padding: 2px;">Prostate CA - followed by Dr. B. H. and Dr. S. White @ CA Center</div>	
<input type="checkbox"/> Service meets criteria for "approval via protocol"		<div style="border: 1px solid black; padding: 2px;">PSA 6.9 12/2/04</div>	
<b>Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Office Visit (OV)      <input type="checkbox"/> X-ray (XR)      <input type="checkbox"/> Scheduled Admission (SA)             </div> <div> <input type="checkbox"/> Outpatient Surgery (OS)      <input type="checkbox"/> Dialysis (DN)             </div> </div>		<b>Results of a complaint directed physical examination:</b> <div style="border: 1px solid black; padding: 2px;">Bone Scan 1/17/05 - no significant A from scan 8/31/04</div>	
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Routine      <input type="checkbox"/> Urgent             </div>		<div style="border: 1px solid black; padding: 2px;">Proximal sternum most suspicious and no definite mets</div>	
<b>Estimated Date of Service (mm/dd/yy)</b> <div style="border: 1px solid black; padding: 2px;">_ / _ / _</div>		<div style="border: 1px solid black; padding: 2px;">Radiographs clear except D5P</div>	
<b>Multiple Visits/Treatments:</b> <input type="checkbox"/> Radiation therapy <b>Number of Visits/Treatments:</b> <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:		<b>Previous treatment and response (including medications):</b> <div style="border: 1px solid black; padding: 2px;">Refused Lupron, prostatectomy; Radiation</div>	
<b>Specialist referred to:</b> <div style="border: 1px solid black; padding: 2px;">UAB urology</div>		<b>***For security and safety, please do not inform patient of possible follow-up appointments***</b>	
<b>Type of Consultation, Treatment, Procedure or Surgery:</b> <div style="border: 1px solid black; padding: 2px;">1 800 292 6508 (205) 975 - 0088 Consider radioactive seed implant</div>			
<b>You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.</b> <input type="checkbox"/> Pertinent Documents have been attached and faxed.			
<b>UM DETERMINATION:</b> <input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.			
<input type="checkbox"/> Offsite Service Recommended and Authorized <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<b>Regional Medical Director Signature, printed name and date required:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.			
<b>Cert Type:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Med Class:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>UR Auth #:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

MONTGOMERY CANCER CENTER, LLC  
 4145 CARMICHAEL RD.  
 MONTGOMERY, AL 36106  
 (334) 273-7000

HARRY M. BARNES III, M.D., LAB DIRECTOR  
 CLIA 01D0669034  
 FINAL SAMPLE REPORT

Page: 1

Patient ID: 72229  
 Patient Name: McCray, Robert  
 DOB: [REDACTED] Sex: M  
 Comments:

Reported: 12/02/04 10:28  
 Doctor: STEPHEN A. WHITE  
 Location: CARMICHAEL

Lab No: 104337048 Drawn: 12/02/04 09:26 Tech: KGT Rec'd: 12/02/04 09:26 Tech: KGT  
 Comments: OV

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC	4.63		x10 <sup>3</sup> /uL	4.00 - 10.00
RBC	4.63		x10 <sup>6</sup> /uL	4.50 - 6.20
HGB	13.7		g/dL	13.5 - 18.0
HCT	42.0		%	40.0 - 54.0
MCV	90.7		fL	80.0 - 98.0
MCH	29.7		pg	26.1 - 33.3
MCHC	32.7		g/dL	32.2 - 35.0
PLT		(102) L	x10 <sup>3</sup> /uL	150 - 400
MPV	9.50		fL	
** AUTO DIFF **				
GRAN#	2.42		x10 <sup>3</sup> /uL	
LYMPH#	1.24		x10 <sup>3</sup> /uL	
MONO#	0.555		x10 <sup>3</sup> /uL	
EO#		0.366 H	x10 <sup>3</sup> /uL	0.000 - 0.200
BASO#	0.046		x10 <sup>3</sup> /uL	0.000 - 0.100
GRAN%	52.3		%	48.9 - 69.9
LYMPH%	26.8		%	22.4 - 43.6
MONO%	12.00		%	0.00 - 12.00
EO%		7.90 H	%	0.00 - 7.00
BASO%	1.000		%	0.000 - 2.500
*** COMPREHENSIVE METABOLIC PROFILE ***				
GLUCOSE	91		mg/dL	70 - 110
BUN	9		mg/dL	6 - 20
CREATININE		(1.5) H	mg/dL	0.5 - 1.2
SODIUM	145		MEQ/L	135 - 145
POTASSIUM	3.9		meq/l	3.5 - 5.0
CHLORIDE	111		meq/l	101 - 111
CARBON DIOXIDE	29		meq/l	21 - 31
CALCIUM	9.3		mg/dL	8.5 - 10.5
TOTAL PROTEIN	6.0		g/dL	6.0 - 8.3
ALBUMIN	3.4		g/dL	3.2 - 5.5
ALK. PHOS.	(72)		IU/L	42 - 121
ALT (SGPT)	15		IU/L	10 - 60
AST (SGOT)	21		IU/L	10 - 42
TOTAL BILIRUBIN	0.5		mg/dL	0.2 - 1.2

REVIEWED BY: JAW

ff  
 4-2-07

MONTGOMERY CANCER CENTER, LLC  
4145 CARMICHAEL RD.  
MONTGOMERY, AL 36106  
(334) 273-7000

HARRY M. BARNES III, M.D., LAB DIRECTOR  
CLIA 01D0669034  
FINAL SAMPLE REPORT

Page: 2

Patient ID: 72229  
Patient Name: McCray, Robert  
DOB: [REDACTED] Sex: M  
Comments:

Reported: 12/02/04 10:28  
Doctor: STEPHEN A. WHITE  
Location: CARMICHAEL

Lab No: 104337048 Drawn: 12/02/04 09:26 Tech: KGT Rec'd: 12/02/04 09:26 Tech: KGT  
Comments: OV

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** SPECIAL CHEMISTRY ***				
PSA	6.900		ng/mL	0.000 - 10.000

REVIEWED BY: SAWH  
2-2-05

Site Name & Number: <b>Station 843</b>	Patient Name: (Last, First) <b>McCray, Robert</b>	Date: (mm/dd/yy) <b>12/02/04</b>
Site Phone # <b>(334) 567 - 1548</b>	Alias: (Last, First) [REDACTED]	Date of Birth: (mm/dd/yy) [REDACTED]
Site Fax # <b>(334) 567 - 1538</b>	Inmate # <b>167644</b>	PHS Custody Date: (mm/dd/yy) <b>05/21/92</b>
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Potential Release Date: (mm/dd/yy) <b>12/07/13</b>
Responsible party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans ) <input type="checkbox"/> Auto Ins. <input type="checkbox"/> Other, be specific (Excludes Medicare and Medicaid):		

## CLINICAL DATA

Requesting Provider: ☐ Physician ☒ NP, PA ☐ Dental*Dr. T. CRP*

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV) ☒ X-ray (XR) ☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS) ☐ Biopsy (BX)☐ Routine☒ Urgent

Estimated Date of Service (mm/dd/yy)

**12/03/04**

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments: \_\_\_\_\_

☐ Other: \_\_\_\_\_Specialist referred to: *Stephen White (CA center)*

Type of Consultation/Treatment, Procedure or Surgery:

*Ca. Center on 1/17/05 9 AM  
Bone Scan -  
4145 Carmichael Rd.*

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/Injury/symptoms with Date of Onset:

*Gleason Score 6**prostate CA = possible met**8-31-04 Bone scan shows abnormal uptake (R) ribs, sternum; possible*Results of a complaint directed physical examination: *4/5 spine**CA Center - Dr. Stephen White  
Wants repeat Bone Scan  
ASAP*

Previous treatment and response (including medications):

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

## UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Regional Medical Director Signature, printed name and date required:

**FAXED**  
**1/10/05**

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	McCray, Robert	<b>Inmate Number:</b>	167644MC
<b>Service Authorized:</b>	Office Visits: Outpatient Urology Referral	<b>Effective Dates:</b>	11/19/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14421611	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

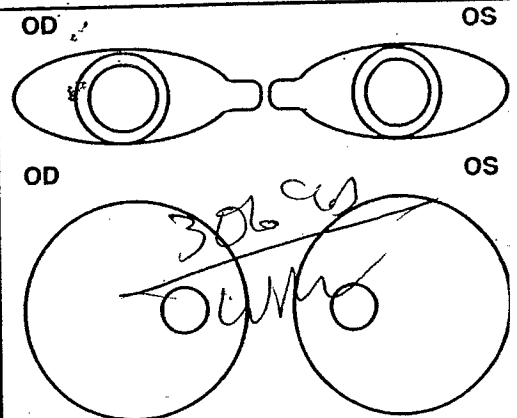
Date

Time



# DEPARTMENT OF CORRECTIONS EYE CHART

Date	Time	OLD RX Worn from to					
		Sph.	Cyl.	Axis	Prism	Base	Add
Visual Requirements							
Other Visual Requirements							
Previous Eye History							
Chief Visual Complaints		20/50 20/30 w/glasses					
Detailed History		20/50 20/100					
General Health		Rx					
External Examination		+100 -150 x018 / +2.50 +100 -150 160 / 160 72/69					
Internal Examination		SH 18 62/68/145					
Visual Field Screening		OD					OS
Tonometry							
Instrument / V.A. (Habitual)		OD					OS
Dist.		OD	OS	OU			
Near		OD	OS	OU			
Dominance / Test		/					
Pupillary Reflexes		Size Light Consensual Near					
Tests for Squint		Inspection Cover Corneal Reflex					
PD / PP Conv		mm 4/9/4					
PP Acc							
Versions							
Rotations / Fixations							
		DATE CHARGE PAID BAL DUE					
		4-13-04. Glasses Ordered (5#)					



72229

**Montgomery Cancer Center**

4145 Carmichael Road

Montgomery, AL 36106

334-273-7000 FAX 334-260-2010

Patient Name:

*Robert McCray*

DOB:

[REDACTED]

Type of Test(s):

*Gone Scan*

**PLEASE COMPARE TO:**

Test Facility:

Address:

Phone No.:

*01/17/04*

Appointment Date:

*12/2/04 9 AM*

Primary Diagnosis:

*Prostate CA*

Reason for Study:

*Assess Bone Met*

Special Instructions:

Nothing to Eat or Drink after

Appointment made By

*Emma*

Date

*12/2*

Appointment taken By

*Sherry*

Physician Signature

*[Signature]*


FAX 260-2010

☐ Dr. Barnes

☐ Dr. Thompson

☐ Dr. White

☐ Dr. Davidson

 **Montgomery Cancer Center, LLC**  
4145 Carmichael Road  
Montgomery, AL 36106  
(334) 273-7000

Patient Name: McCray, Robert

Act. # 72229

---

<u>Date</u>	<u>Time</u>	<u>Doctor</u>	<u>Resource</u>	<u>Service</u>
12/09/2004	8:40 am	White MD, Stephen A	White MD, Stephen A	Test Result Office Visit

Facility Name and Phone: 1 Main Campus - MCC (334) 273-7000

# UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

Please send this form with the authorization letter to the service provider at the time of the appointment. Form must be complete and legible. You must type or print the authorization letter to the service provider at the time of the appointment.

## DEMOGRAPHICS

Site Name & Number:

Station 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☐ PHS

☐ Auto Ins.

☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans)

☐ Other, be specific (Excludes Medicare and Medicaid):

Patient Name: (Last, First)

McCray, Robert

Alias: (Last, First)

Inmate #

167644

SS Number

Date: (mm/dd/yy)

10/20/04

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

05/21/04

Potential Release Date: (mm/dd/yy)

12/07/13

## CLINICAL DATA

Requesting Provider:

☐ Physician

☒ NP, PA

☐ Dental

Requesting Provider Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV) ☐ X-ray (XR) ☐ Scheduled Admission (SA)  
☐ Outpatient Surgery (OS) ☐ Dialysis (DA)

☒ Routine

☐ Urgent

Estimated Date of Service (mm/dd/yy)

11/02/04

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☒ Radiation therapy

☒ Chemotherapy

☐ Other:

Number of Visits/Treatments: 3

Specialist referred to: Stephen White (CA Center)

Type of Consultation, Treatment, Procedure or Surgery:

Evaluate & treat - Has Appt 12/2/04  
12/2 @ 9 AM

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Gleason Score 6  
Prostate CA - possible mets  
to lower lumbar spine  
Rxn ribs, sternum

Results of a complaint directed physical examination:

BoneScan 8-31-04 abnormal  
uptake (R) ribs & sternum;  
possible 4th spine  
PSA 8.4 7/6/04

Previous treatment and response (including medications):

Appt 11/8 = urologist

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):

☐ More Information Requested: (See Attached)

☐ Resubmitted with requested information.

☐ Offsite Service Recommended and Authorized

Date resubmitted:

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cart Type:

Med Class:

UR Auth #

14336986

Form must be Complete and Legible. You must Type or Print  
Please send this form with Authorization Letter to the service provider at the time of the Appointment

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Staton 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Patient Name: (Last, First)

McCray Robert

Alias: (Last, First)

Inmate #

167644

SS Number

Date: (mm/dd/yy)

09/27/04

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

05/21/92

Potential Release Date: (mm/dd/yy)

12/07/13

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans )☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

J. Lassiter MD

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"Place a check mark (✓) in the Service Type requested (one only)  
and complete additional applicable fields.☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ Radiation therapy☐ Chemotherapy

Number of Visits/Treatments: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Specialist referred to:

Urologist (Bhuta)

Type of Consultation, Treatment, Procedure or Surgery:

Evaluated treat  
11/8 @ 230 pm  
345 strokes DVYou must include copies of pertinent reports such as lab results,  
x-ray interpretations and specialty consult reports with this form.☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Prostate CA - Gleason score 6

Results of a complaint directed physical examination:

Bone scan 8-31-04  
abnormal uptake (R) ribs, sternum  
; possible lower lumbar spine

Previous treatment and response (including medications):

See above

FAXED  
9/28/04\*\*\*For security and safety, please do not inform patient of  
possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date resubmitted:


Regional Medical Director Signature,  
printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

 **Montgomery Cancer Center, LLC**  
4145 Carmichael Road  
Montgomery, AL 36106  
(334) 273-7000

Patient Name: McCray, Robert

Act. # 72229

---

<u>Date</u>	<u>Time</u>	<u>Doctor</u>	<u>Resource</u>	<u>Service</u>
11/02/2004	2:30 pm	White MD, Stephen A	White MD, Stephen A	Office Visit

Facility Name and Phone: 1 Main Campus - MCC (334) 273-7000

*fax → 567-1538*

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	McCray, Robert	<b>Inmate Number:</b>	167644MC
<b>Service Authorized:</b>	Office Visits: Outpatient Oncology Referral	<b>Effective Dates:</b>	09/29/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14243955	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time

## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

PHS

Please send this form with Form ☒ to be Complete and Legible. You must Type or Print Authorization Letter to the service provider at the time of the Appointment

## DEMOGRAPHICS

Site Name &amp; Number:

Staton 843

Site Phone #

(334) 567 - 1548

Site Fax #

(334) 567 - 1538

Patient Name: (Last, First)

McGee Robert

Alias: (Last, First)

Inmate #

167644

SS Number

Date: (mm/dd/yy)

09/27/04

Date of Birth: (mm/dd/yy)

PHS Custody Date: (mm/dd/yy)

05/21/02

Potential Release Date: (mm/dd/yy)

12/07/13

Will there be a charge?

☒ Yes ☐ No

Sex

☒ Male ☐ Female

Responsible party:

☒ PHS☐ Auto Ins.☐ Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans )☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

Dr. Lass Turner

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☒ Office Visit (OV)☐ X-ray (XR)☐ Scheduled Admission (SA)☐ Outpatient Surgery (OS)☐ Dialysis (DA)☒ Routine☐ Urgent

Estimated Date of Service (mm/dd/yy)

\_\_\_/\_\_\_/\_\_\_

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☒ Radiation therapy☒ Chemotherapy

Number of Visits/Treatments: \_\_\_

☐ Other: \_\_\_

Specialist referred to:

Cancer Center

Type of Consultation, Treatment, Procedure or Surgery:

Evaluate and treat M/G4 cancer

10/19 @ 230pm

You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of illness/injury/symptoms with Date of Onset:

Prostate CA - possible mets to lower lumbar spine  
Right ribs/sternum

Results of a complaint directed physical examination:

Previous treatment and response (including medications):

um submitted also for urology.

FAXED 9/28/04

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

## UM DETERMINATION:

☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.☐ Offsite Service Recommended and Authorized

Date resubmitted:

\_\_\_/\_\_\_/\_\_\_

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

**PRISON HEALTH SERVICES: AUTHORIZATION LETTER**

<b>Patient Name:</b>	McCray, Robert	<b>Inmate Number:</b>	167644MC
<b>Service Authorized:</b>	X-Ray: Scan	<b>Effective Dates:</b>	08/16/2004
<b>Effective:</b>	Visits authorized for 60 days from effective date.	<b>Visits Authorized:</b>	1
<b>Responsible Facility:</b>	Staton Correctional Facility	<b>Contact Name:</b>	Michelle Pope
<b>Authorization Number:</b>	14090950	<b>Telephone Number:</b>	(334)395-5973 Ext 14

**Note to Provider of Services:**

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- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

**For Payment Please Submit Claims To:**

Prison Health Services  
P.O. Box 967  
Brentwood, TN 37024-0967

**The consulting physician should complete this section.  
The completed form will be sealed in the attached envelope and  
returned with an officer to the correctional facility.**

**Clinical Summary or Attached Report**

**\*\*\* For security and safety, please do not inform patient of possible follow-up appointments. \*\*\***

Signature of Consulting Physician:

Date

Time

Reviewed and Signed By  
Medical Director:

Date

Time

## UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible  
AFTER RMD approval, fax to XXX XXX-XXXX. You must Type or Print.

PHS

## DEMOGRAPHICS

Site Name &amp; Number:

Staton 843

Inmate #

167644 Staton

Site Phone #

(334) 567-1548

Site Fax #

(334) 567-1538

Patient Name: (Last, First)

McCray Robert

Alias: (Last, First)

Date: (mm/dd/yy)

8/12/04

Date of Birth: (mm/dd/yy)

[REDACTED]

PHS Custody Date

11/03

Potential Release Date

12/01/03

Responsible party:

☒ Self☐ Auto Ins.☐ Health Ins. (Excludes Medicare and Medicaid Replacement)☐ Other, be specific (Excludes Medicare and Medicaid):

## CLINICAL DATA

Requesting Provider:

☐ Physician☒ NP, PA☐ Dental

[Signature]

Facility Medical Director Signature and Date:

☐ Service meets criteria for "approval via protocol"

Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.

☐ Office Visit (OV)☒ X-ray (XR)☐ Dialysis (DA)☐ Outpatient Surgery (OS)☐ Scheduled Admission (SA)☐ Routine☒ Urgent

Estimated Date of Service (mm/dd/yy)

(This starts the approval window for the "open authorization period")

Multiple Visits/Treatments:

☐ (Radiation, Chemotherapy)

Number of Visits/Treatments

Type of Consultation, Treatment, Procedure or Surgery:

Dr T Bone scan, on 7/14  
Advanced Medical Bone  
8/31/04 845AM

You must include copies of pertinent lab, X-rays, and specialty consult reports with this form.

☐ Pertinent Documents have been attached and faxed.

History of Illness/Injury/Symptoms with Date of Onset:

Prostate CA Gleason Score 6  
Cancerous center 11/14/03 → not in complete  
injection Rec → Radiation & Lupron  
2/1/03 - pt wants prostate Implant → Dr. Fivash

Results of a complaint directed physical examination with objective findings:

Had bone scan 11/22/02  
Still Desires Lupron  
Saw Dr Bhuta 4/30/04 for FU

Previous treatment and response: (including medications)

Lupron 7.5 2/03 & 3/03 no other tx  
documented

FAXED

\*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\*

UM DETERMINATION:

☐ Offsite Service Recommended and Authorized☐ Alternative Treatment Plan (explain here):☐ More Information Requested: (See Attached)☐ Resubmitted with requested information.

Date:

Regional Medical Director Signature, printed name and date required:

Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Cert Type:

Med Class:

UR Auth #:

6067

Region

# NON-FORMULARY PHARMACY REQUEST FORM

Form must be complete and legible. You must Type or Print.

PHS

Site Name and Number <b>Bibb</b>	Patient Name: (Last, First) <b>McCray, Robert</b>	Today's Date: (mm/dd/yy) <b>4/1/04</b>
Site Phone # <b>205-926-5252</b>	Birth Date: <b>167644</b>	Date of Birth: (mm/dd/yy) <b>[REDACTED]</b>
Site Fax # <b>[REDACTED]</b>	SPP ID # <b>[REDACTED]</b>	PHS Custody Date <b>[REDACTED]</b>
Diagnosis <b>adenocA of prostate</b>		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Medication Allergies <b>Catapres</b>		

Requested Non-Formulary and Strength: <b>Flomax 0.4mg</b>	
Directions: <b>7 qhs</b>	
Duration of Therapy: (Maximum approval is 90 days per request) <input type="checkbox"/> 7 days <input type="checkbox"/> 15 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input checked="" type="checkbox"/> Other <b>180 days</b>	
Justification for this non-formulary drug. Include previous therapeutic interventions including lifestyle changes. <b>71 yo b/m w adenocA prostate Feb 03 and took Flomax per urology recommendation (has tried Hytrin &amp; other med w limited results)</b>	

Compliance: ☐ > 80% ☐ < 80% (Determined by Review of MAR)

Practitioner Information: ☒ Physician ☐ NP/PA ☐ Dentist

Name: **James Whitley**

Signature: **[Signature]**

Daytime Phone: **[REDACTED]**

Pager Number: **[REDACTED]**

It is the prescribing practitioner's personal responsibility to verify all out of the above holds. Incomplete non-formulary requests will not be reviewed. Any delay in therapy caused by an incomplete/non-formulary request is the responsibility of the prescribing practitioner. Verbal approval is acceptable if the prescribing practitioner is not available.

Determination: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Additional information requested. <input type="checkbox"/> Alternative clinical rationale	
Corporate/Regional Medical Director/Designee: Name: <b>[Signature]</b> Signature: <b>[Signature]</b>	
Date: <b>4/15/04</b>	

**BAPTIST MEDICAL CENTER EAST**

400 Taylor Road  
Montgomery, AL 36117  
(334) 277-8211



**FAXED**  
10/22/02

Name: **MCCRAY Robert**

MR#: E000221912

Sex: Male

DOB: [REDACTED]

Account: E0229100034

Admit: 10/18/02

Room/Bed: -

Admit Type: Outpatient

Discharge Date: 10/18/02

Age: 69 Years

SS Number: [REDACTED]

Physician: Bhuta, Dharampal P., MD

**S P E C I A L P A T H O L O G Y F I N D I N G R E P O R T**

**PATHOLOGY NO:** ES-02-0003773

**Collected:** 10/18/02

**Received:** 10/18/02 12:11:00 PM

**Physician:** Bell, Norman D, MD

**Performed At**

Baptist Medical Center East

400 Taylor Rd

Montgomery, Alabama 36117

phone (334) 244-8495 fax (334) 277-0471

**Clinical Information**

Increased PSA

**Final Diagnosis**

**A. RIGHT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: CHRONIC INFLAMMATION, BASAL CELL HYPERPLASIA AND FOCAL GLANDULAR ATROPHY.**  
- CARCINOMA NOT IDENTIFIED.

**B. LEFT SIDE OF PROSTATE GLAND, NEEDLE CORE BIOPSY: PROSTATIC ADENOCARCINOMA, INTERMEDIATE GRADE - GLEASON'S SCORE 6 (3+3) IN ONE CORE FROM THE ANTERIOR WALL OF THE CAPSULE.**

- MAXIMUM INVOLVED CORE VOLUME: 10%  
- PERINEURIAL INVASION NOT IDENTIFIED.

MR#: E000221912

Printed 10/22/02 3:44 PM

Name: MCCRAY, ROBERT

Room/Bed: -

S: B/8

Account: E0229100034

DOB: [REDACTED]

BAPTIST MEDICAL CENTER EAST

403 Taylor Road  
Montgomery, AL 36117  
(334) 277-8330

Name: MCCRAY, Robert

Account: E0029100034



PATHOLOGY NO: ES-02-0003773 Collected: 10/18/02  
Received: 10/22/02 12:11:00 PM  
Physician: Bell, Norman D, MD

CHRONIC AND FOCAL ACTIVE INFLAMMATION BASAL CELL HYPERPLASIA, FOCAL  
GLANDULAR ATROPHY. NB/argh/10/21/02

Bell, Norman D, MD  
(Electronically)  
Verified: 10/22/02 2:39 pm  
NDB/ARH

Gross Description

- A. The specimen is received in a container of formalin labeled "right X4" and consists of 4 elongated white cores that range from 1.0 to 2.0 cm and are submitted in cassette A.
- B. The specimen is received in a container of formalin labeled "left X4" and consists of 5 elongated white cores that range from 1.0 to 2.0 cm and are submitted in cassette B. NB/argh/10/21/02

Summary of Sections

- A. 1 block, 3 H&E slides  
B. 1 block, 3 H&E slides  
SPECIAL STAIN. HMWK

Microscopic Description

- A. The cores show basal cell hyperplasia present in multiple foci, and a moderate lymphocytic infiltrate. Glandular atrophy is focally present. Carcinoma is not identified.
- B. In one core that also has prominent skeletal muscle fibers (and so likely represents the anterior wall of the capsule) is seen a minute cluster of small glands which are closely adjacent to these fibers and which have enlarged atypical appearing nuclei. The neoplastic nature of these glands is further confirmed by the fact that

MR#: E000221017

Printed: 10/22/02 3:14 PM

Name: MCCRAY ROBERT

Koon/Bed:

Sex Male

2/9

Account: E0029100034

DOB: [REDACTED]

**BAPTIST MEDICAL CENTER EAST**

400 Taylor Road

Montgomery, AL 36117

(334) 277-8330

Name: MCCRAY, ROBERT

Account: E0229100034

# Surgical Pathology Final Report

PATHOLOGY NO: ES-02-0003775      Collected: 10/18/02  
Received: 10/18/02 12:11:00 PM  
Physician: Bell, Norman D, MD

they stain negative with HMWK, thus indicating loss of their basal layer. The neoplasm is approximately 10% of the core volume and is without perineurial invasion. The remainder of the cores show findings as described for part A, and active inflammation is also focally present in one of them. NB/argh/10/21/02

ER#: E000221912

Printed: 10/22/02 3:14 PM

Room/Bed: -

Sex Male *B. 10*

Account: E0229100034

DOB:

**Cancer Care Center of Montgomery**

Medical Oncologist/Hematologist  
Phatama Padavaniya, M.D.

Medical Oncologist/Hematologist  
David G. Morrison, M.D.

Radiation Oncologist  
Thomas E. Beatrous, M.D.

**PATIENT NAME:** Robert McCray  
**DATE:** 01/14/03  
**CHART #:** 15067

**RADIATION THERAPY CONSULTATION**

**DIAGNOSIS:** Adenocarcinoma of prostate with PSA 9.3 ng/ml.

**HISTORY:** I was asked to see patient regarding radiation therapy evaluation. Patient is a 70-year-old black male found on routine screening to have elevated PSA 9.3. Prostate biopsy showed Gleason score 6 adenocarcinoma from left lobe biopsies. Bone scan showed arthritic uptake at right knee, shoulders, elbows, feet, and sternomanubrial joint as well as uptake at L-5 vertebral body thought to represent arthritic change. Patient has undergone consultation regarding possible surgery. He has decided, however, to forego surgery and to take definitive treatment with radiation therapy plus Lupron injections. I have been asked to see patient regarding radiation therapy evaluation.

**PAST MEDICAL HISTORY:** Positive for history of hypertension. Negative for heart disease, diabetes, or collagen vascular disease. Previous surgeries: Repair of leg fractures in 1951 and on two separate occasions thereafter.

**CURRENT MEDICATIONS:** HCTZ 25 mg q. day, Lopid 600 mg b.i.d., Maalox 30 cc t.i.d. p.r.n., Hytrin q.h.s., Tenormin 50 mg q. day, aspirin 325 mg q. day.

**ALLERGIES:** Catapres.

**SOCIAL HISTORY:** Patient is divorced. He has worked as a teacher. He is presently an inmate at Kilby Correctional Facility. He denies chronic tobacco or alcohol use.

**FAMILY HISTORY:** Negative for cancer.

**REVIEW OF SYSTEMS:** Patient admits to frequent urination with nocturia times three. He denies painful urination, hematuria, diarrhea, or blood per rectum.

**PHYSICAL EXAMINATION:** Shows weight 160 pounds. Vital signs: See intake H&P data sheet.

**GENERAL:** Alert, oriented, black male in no distress.

**HEENT:** Extraocular muscles are intact. Oral cavity and oropharynx free of tongue and mucosal lesions.

**NECK:** Shows no venous distention, thyromegaly, or cervical/supraclavicular adenopathy.

**RIB CAGE/SPINE:** Nontender.

**LUNGS:** Clear with no signs of atelectasis, consolidation, or effusion.

**HEART:** Regular rate and rhythm. No diastolic murmurs.

Continued....

PATIENT NAME: Robert McCray  
DATE: 01/14/03

Continued...Page 2

ABDOMEN: Soft with normal liver span. No masses. There is no inguinal adenopathy.

GENITALIA: Penis and testes appear normal.

RECTAL: Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.

EXTREMITIES: Free of edema.

IMPRESSION: Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

RECOMMENDATIONS/PLAN: I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy.

I appreciate this consultation and I will keep you apprised of patient's status as he progresses through treatment.

Best personal regards,

*Tom*  
Thomas E. Beatrous, M.D.  
Radiation Oncologist  
Cancer Care Center of Montgomery

TEB/wm  
D: 01/19/03  
T: 01/20/03

CC: Dr. Mike Robbins  
Dr. D. P. Bhuta

2/7/03 - PT. HAS DECIDED TO  
HAVE PROSTATE IMPLANT. WILL  
ARRANGE THIS AT UAB  
MEDICAL CENTER WITH  
DR. FIVEISH  
TEL# 205-975-0224  
TEB

*Daniel*

Aug. 12, 2004 8:47AM

X RAY

No. 0092 P. 1/2

XRAY5259

11/22/02

NAPHCARE, 167644

CARR LAY METHODIST MEDICAL CENTER

ROUTE 211 REPORT

ADM 06217521

DATE/\*\*\*\*

MCLANE, JERRY

PAGE 1  
0079R

BONE WHOLE BODY

REQ. FOR THURSDAY 11/21/02

ESORT

79366 ORDER 1000100

XRAY 3043715

BIRTH DATE 03/15/63

PURPOSE FOR PROCEDURE CA PROSTATE

PATIENT DIAGNOSIS PROSTATE CA

BONE SCAN

HISTORY PROSTATE CANCER

THERE IS MARKEDLY INCREASED TRACER UPTAKE IN THE RIGHT KNEE THAT IS PRESUMABLY RELATED TO ARTHRITIS AND/OR TRAUMA. PLAIN FILM X-RAYS COULD HELP FURTHER EVALUATE THIS. THERE IS FOCALLY INCREASED TRACER UPTAKE SEEN IN THE MEDICULAR REGION OF THE L5 VERTEBRAL BODY THAT MAY BE RELATED TO ARTHRITIS AND PLAIN FILM X-RAYS OF THIS MAY HELP IN FURTHER EVALUATION. THERE IS ARTHRITIC UPTAKE IN BOTH SHOULDERS, ELBOWS AND FEET. THERE IS A SMALL FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE SEEN IN THE STERNOMANUBRIAL JOINT THAT PROBABLY IS ARTHRITIC IN NATURE AND THERE IS ALSO A TINY FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE SEEN IN ONE OF THE LOWER POSTERIOR RIGHT RIBS (APPROXIMATELY THE 10TH). THERE IS ONLY FAINT INCREASED INTENSITY AND MAY BE RELATED TO PREVIOUS TRAUMA.

## OPINION

1. MARKEDLY INCREASED TRACER UPTAKE RIGHT KNEE COULD BE RELATED TO ARTHRITIS AND/OR TRAUMA. PLAIN FILM X-RAYS OF THIS AREA COULD HELP IN FURTHER EVALUATION.
2. INCREASED TRACER ACTIVITY IN THE REGION OF THE L5 VERTEBRA MAY BE RELATED TO ARTHRITIS AND PLAIN FILM X-RAYS OF THE LUMBAR SPINE COULD HELP IN FURTHER EVALUATION OF THIS.
3. ARTHRITIC UPTAKE NOTED IN THE SHOULDERS, ELBOWS AND FEET.
4. FOCUS OF SLIGHTLY INCREASED TRACER UPTAKE AT THE STERNOMANUBRIAL JOINT PROBABLY RELATED TO ARTHRITIS. FOCUS OF FAINTLY INCREASED TRACER UPTAKE SEEN IN ONE OF THE LOWER RIGHT RIBS POSTERIORLY PROBABLY RELATED TO PREVIOUS TRAUMA. FOLLOW UP BONE SCAN IN 2-3 MONTHS MAY HELP FURTHER EVALUATE THESE AREAS.

RR

## RADIOLOGY REPORT

DATE 11/22/02

TIME 09:33 AM

REF 1

DEPT SECTION 00

NAPHCARE, 167644

DATE/\*\*\*\*

MCLANE, JERRY

MED

06217521 8/11/04RY

(ADM) 11/21/02

X X RRRR Y Y

X X R R Y Y

X RRRR Y Y

X X R R Y Y

X X R R Y Y

Aug.12. 2004 8:48AM X RAY

No.0092 P. 2/2

PHYSICIAN  
11/22/02 08:33 AM  
NAPHCARE, 137644

CARLEWAY METHODIST MEDICAL CENTER  
RADIOLOGY REPORT  
ADM 06217421 OUTP/\*\*\*\*X-R

MCLANE, JERRY

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0 0	U	U	TT	=====	PPPPPP	TT
0 0	U	U	TT	=====	P	TT
000000	UUUUUU		TT		P	TT

*RF*

DR R. W. FINEY

RADIOLOGY REPORT

DATE 11/22/02  
TIME 08:33 AM  
AGE 2 LAST  
HART SECTION 00  
NAPHCARE, 137644  
OUTP/\*\*\*\*X-R  
MCLANE, JERRY  
MED

06217421 R/M2004  
ADM 11/21/02  
X X RRRR Y  
X X R R Y  
X X R R Y  
X X R R Y

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE  
MONTGOMERY, AL 36117

PHONE: (334) 279-5737  
FAX: (334) 279-1048

February 17, 2003

Dr. Mike Robbins

RE: Robert McCray  
Chart 376  
SS# [REDACTED]

Dear Dr. Robbins,


Mr. McCray is a 69 year-old gentleman with PSA of 9.3.

His entire metastatic workup was completely normal. His pathology report was adenocarcinoma of the prostate gland from the left lobe. He elected to have radiation therapy treatment but when he saw Dr. Beatrous, he decided that he might want to have surgery done.

He came back to us for further discussion. He was under the impression that I can take only the left part of the prostate out since only the left lobe of the prostate showed cancer. I have talked to him in detail and told him that it is impossible to take just one side of the prostate. I told him that if he undergoes surgery I would have to take the entire prostate out. Complications include impotency and urinary complications.

He elected to have radiation therapy treatment. Again, he should be started on Lupron injections of 7.5mg IM every month for a period of 3-4 months and then he can be referred to Dr. Beatrous for radiation therapy treatment. After this is completed he should continue hormone treatment. He should have PSA done once a year after completing both treatment regimens.

Again, I would like to stress that he elected to have radiation therapy treatment and that he should be started on Lupron as soon as possible.

Thank you  
  
D.P. Bhuta

DPB/amc

(A)

**PATIENT NAME:** Robert McCray  
**DATE:** 01/14/03

**Continued...Page 2**

**ABDOMEN:** Soft with normal liver span. No masses. There is no inguinal adenopathy.

**GENITALIA:** Penis and testes appear normal.

**RECTAL:** Shows 35 gram prostate, left lobe greater than right lobe with increased thickening of left lobe. No rectal masses. No blood on examining gloved finger.

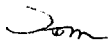
**EXTREMITIES:** Free of edema.

**IMPRESSION:** Patient is a 70-year-old black male with newly diagnosed adenocarcinoma of prostate with elevated PSA 9.3 ng/ml.

**RECOMMENDATIONS/PLAN:** I have recommended definitive management with radiation therapy plus hormonal deprivation with Lupron injections for a cumulative of one year. I have discussed rationale, risks, benefits, techniques, and results of radiation therapy. Patient states that he would like to think about these recommendations before he makes final treatment decision. We will have patient return next week to discuss his decision and to proceed on to CT directed simulation if he decides in favor of radiation therapy.

I appreciate this consultation and I will keep you apprised of patient's status as he progresses through treatment.

Best personal regards,



Thomas E. Beatrous, M.D.  
Radiation Oncologist  
Cancer Care Center of Montgomery

TEB/wm  
D: 01/19/03  
T: 01/20/03

CC: Dr. Mike Robbins  
Dr. D. P. Bhuta

**Cancer Care Center of Montgomery**

**Medical Oncologist/Hematologist**  
**Phatama Padavanija, M.D.**

**Medical Oncologist/Hematologist**  
**David G. Morrison, M.D.**

**Radiation Oncologist**  
**Thomas E. Beatrous, M.D.**

**PATIENT NAME:** Robert McCray  
**DATE:** 01/14/03  
**CHART #:** 15067

**RADIATION THERAPY CONSULTATION**

**DIAGNOSIS:** Adenocarcinoma of prostate with PSA 9.3 ng/ml.

**HISTORY:** I was asked to see patient regarding radiation therapy evaluation. Patient is a 70-year-old black male found on routine screening to have elevated PSA 9.3. Prostate biopsy showed Gleason score 6 adenocarcinoma from left lobe biopsies. Bone scan showed arthritic uptake at right knee, shoulders, elbows, feet, and sternomanubrial joint as well as uptake at L-5 vertebral body thought to represent arthritic change. Patient has undergone consultation regarding possible surgery. He has decided, however, to forego surgery and to take definitive treatment with radiation therapy plus Lupron injections. I have been asked to see patient regarding radiation therapy evaluation.

**PAST MEDICAL HISTORY:** Positive for history of hypertension. Negative for heart disease, diabetes, or collagen vascular disease. Previous surgeries: Repair of leg fractures in 1951 and on two separate occasions thereafter.

**CURRENT MEDICATIONS:** HCTZ 25 mg q. day, Lopid 600 mg b.i.d., Maalox 30 cc t.i.d. p.r.n., Hytrin q.h.s., Tenormin 50 mg q. day, aspirin 325 mg q. day.

**ALLERGIES:** Catapres.

**SOCIAL HISTORY:** Patient is divorced. He has worked as a teacher. He is presently an inmate at Kilby Correctional Facility. He denies chronic tobacco or alcohol use.

**FAMILY HISTORY:** Negative for cancer.

**REVIEW OF SYSTEMS:** Patient admits to frequent urination with nocturia times three. He denies painful urination, hematuria, diarrhea, or blood per rectum.

**PHYSICAL EXAMINATION:** Shows weight 160 pounds. Vital signs: See intake H&P data sheet.  
**GENERAL:** Alert, oriented, black male in no distress.

**HEENT:** Extraocular muscles are intact. Oral cavity and oropharynx free of tongue and mucosal lesions.

**NECK:** Shows no venous distention, thyromegaly, or cervical/supraclavicular adenopathy.

**RIB CAGE/SPINE:** Nontender.

**LUNGS:** Clear with no signs of atelectasis, consolidation, or effusion.

**HEART:** Regular rate and rhythm. No diastolic murmurs.

Continued....



FROM : DPBHUTA

FAX NO. : 3342795737

Dec. 29 2001 10:18AM P1

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST LUKES DRIVE  
MONTGOMERY, AL 36117

PHONE: (334) 279-5737  
FAX: (334) 279-1048

November 13, 2002

Dr. McClain  
C/O Kilby Correctional Facility  
12201 Wares Ferry Road  
Montgomery, AL 36116

RE: Robert McCray  
Age 70, sex M  
Chart 376  
SS# [REDACTED]

Dear Dr. McClain,

Just a brief note to inform you of the follow-up on Mr. McCray, 70 year-old gentleman with PSA of 9.3.

He underwent biopsy of prostate gland with no complications. His final pathology report was adenocarcinoma of the prostate gland. I have faxed a copy of the report to Kilby Correctional Facility.

I have not discussed the pathology report with Mr. McCray. He will need a bone scan. I will be glad to discuss a definite line of treatment with him in my office. Please let him know the results of the biopsy.

Once the bone scan is completed I will be glad to see him in my office.

Again, thank you for your referrals.

  
D. P. Bhuta

DPB/amc

D. P. Bhuta, M.D., F.A.C.S.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE  
MONTGOMERY, AL 36116  
November 18, 2002

PHONE: (334) 279-5737  
FAX: (334) 279-1048

Dr. McLain  
Kilby Correctional Facility  
12201 Wares Ferry Road  
Montgomery, AL 36116

RE: Robert McCray  
Chart 376  
Age 69, sex M  
11/4/02

Mr. McCray came to see us for further follow-up. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

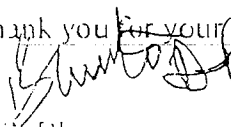
We have talked with him in detail about treatment. He elected not to have surgery done. We talked to him about radiation therapy treatment and Lupron injections. He agreed to have this treatment done. We told him that radiation therapy might not cure the prostate cancer. He understood.

He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

Thank you for your referral,

  
D. P. Bhuta

DJB:amc

D. P. Bhuta, M.D., F.A.C.

DIPLOMATE AMERICAN BOARD OF UROLOGY

ADULT AND PEDIATRIC UROLOGY

345 ST. LUKES DRIVE  
MONTGOMERY, AL 36113  
November 18, 2002

PHONE: (334) 279-5737  
FAX: (334) 279-1048

Dr. McLain  
Kilby Correctional Facility  
12201 Wares Ferry Road  
Montgomery, AL 36116

RE: Robert McCray  
Chart 376  
Age 69, sex M  
11/4/02

Mr. McCray came to see us for further follow-up. He had a biopsy done and his pathology report was adenocarcinoma of the prostate gland with Gleason score of 6 (3+3). Biopsy was positive from the left lobe. He has no other urological complaints. He is having difficulty voiding and claims that Flomax did help.

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He will need a bone scan. Once the bone scan is complete, he should have hormone treatment with Lupron injections. He will also have radiation therapy treatment.

Will send a letter to Kilby Correctional Facility. They will do the bone scan and if it is negative they will proceed with radiation therapy treatment and Lupron injections. He also needs to continue taking Flomax- we gave him the samples.

Copy to Dr. McLain

Thank you for your referral,

D. P. Bhuta

DPB/aimc

*faxed an extra copy 11/9/03 215-6698*

Outpatient

04/00

Auth # 020920 BOPS-6

NaphCare (National Prison HealthCare)  
Hospital/Consultant Referral Form

Inmate Name: McCray, Robert AIS#: 167694 Date: 9/16/02

DOB: [REDACTED] Race: B Sex: M Allergies: Latex

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): Saw Dr. Bhuta last week - Sep

SERVICES REQUESTED/PROVIDER: Bhuta wants to biopsy the prostate

Signature (M.D.): [Signature]

Patient Chronic Conditions/Diagnosis: [REDACTED]

DOC Facility: Bibb Time Out: [REDACTED]

Receiving Facility/Hospital: Dr Bhuta - Montg Return Time: [REDACTED]

Route of Transportation: (X) Ambulance DOC Van Other: [REDACTED]

Date & Result/Last EPP: 6-16-01 QMM Date & Result/Last Chest X-Ray: [REDACTED]

OFFSITE HEALTHCARE REPORT: [REDACTED]

[REDACTED]

Orders/Recommendations: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Physician: [REDACTED] Date: [REDACTED]

Notify (Facility): Bibb - Dr Ahmed at # 215 926-1612 Time: [REDACTED]

Advanced Medical Directive: Yes [REDACTED] (Attached) No X of patient's discharge.

Report called to: (Name/Title): N/A

Signature & Title: N/A Date: [REDACTED]

Date: [REDACTED]

Bill to NaphCare 950 22<sup>nd</sup> St. N. Suite 825 Birmingham, AL. 35203  
Sharon Hauser, R.N. Director of Utilization Review\* 205-458-8370 or 1-800-771-0315

08/06/2002 09:23

2054588478

S HAUSER @ NAPHCARE

PAGE 02/02

Sept 10, 2002  
@ 2:00

020806 B GU 01

Auth #:

NaphCare (National Prison HealthCare)  
Hospital/Consultant Referral Form

Inmate Name: McCray, Robert AIS#: 167644 Date: 8/4/02  
 DOB: [REDACTED] Race: B Sex: M Allergies: Catepress

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): See prior office sheets

Dr. McClure said to re-check PSA and  
if  $\geq 10$ , OK for urologist  
PSA on 7/30/02 is 10.1

SERVICES REQUESTED/PROVIDER: Send to Dr. Bhuta,  
he has seen patient before.

Signature (M.D.):

Cabrera

Pertinent Chronic Conditions/Diagnosis:

DOC Facility: Bibb

Time Out:

Receiving Facility/Hospital: Dr. D.P. Bhuta

Return Time:

Route of Transportation: (X) Ambulance DOC Van Other:Date & Result/Last PPD: 6-16-01 Normal Date & Result/Last Chest X-Ray:

OFFSITE HEALTHCARE REPORT:

Orders/Recommendations:

Physician: B. D. DaAhmad Date: 8/9/02 Time: 1612  
 Notify (Facility): B. D. DaAhmad at # 205-926-1612 of patient's discharge.  
 Advanced Medical Directive: Yes N/A (Attached) No N/A  
 Report called to: (Name/Title): N/A Date: N/A  
 Signature & Title: N/A Date: N/A

Bill to NaphCare 950 22<sup>nd</sup> St. N. Suite 825 Birmingham, AL. 35203  
 Sharon Hauser, R.N. Director of Utilization Review \* 205-458-8370 or 1-800-771-0315

249-5437

253 05/23 02 07 35

PAGE 2

Appt. Date: \_\_\_\_\_

Arch #:

NaphCare (NephCare) Hospital/Care Center R

Inmate Name: McCray, RobertAIST: 1/1/025/24/02DOB: [REDACTED]Race: BSex: MHistory of working diagnosis (when first recognized, progression of symptoms, current treatments): Thyroid cancer: 6/24/1998.He had a PSA of 5.3 at first time. 11/02 was 12.3. PSA in 3/6/02 was 9.4. Referred starting on 2/20/02. Surgery 3/20/02. Starting on 3/30/02 and 9.4.SERVICES REQUESTED/PROVIDER: On 3/20/02 had no nodules but was enlarged. Send patient back to Dr. [REDACTED]

Pertinent Chronic Conditions/Diagnosis: \_\_\_\_\_

DOC Facility: BibbReceiving Facility/Hospital: Dr. SP Bhutta

Route of Transportation: (X) \_\_\_\_\_ Ambulance \_\_\_\_\_

Date & Received PPD: 6/16/01 [REDACTED]

OFFSITE HEALTHCARE REPORT: \_\_\_\_\_

Orders/Recommendations: \_\_\_\_\_

Physician: \_\_\_\_\_

Notify (Facility): Bibb/DARTMOUTH #30

Advanced Medical Directive: Yes \_\_\_\_\_ (Annotated) \_\_\_\_\_

Report called to: (Name/Title): \_\_\_\_\_

Signature &amp; Title: \_\_\_\_\_

Bill to NaphCare 950 22<sup>nd</sup> St. N. Minneapolis, MN 55425  
Sharon Hauser, R.N. Director of Utilization & Risk

40315

02  
33  
69

Auth # 020806

NaphCare (National Inborn Health Care)  
Hospital Consultation Referral Form

Inmate Name: McCray, Robert Date: 8/4/02  
 DOB: [REDACTED] Race: B Sex: M Allergies: Catapress

History of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): See prior office reports

Dr. McClane said to P-12 & P-3 and  
if  $\geq 10$ , OK for archiving  
PSA on 7/30/02 is 10.

SERVICES REQUESTED/PROVIDER: Send for Dr. Bhuta,  
he has seen patient before  
[Signature]

Pertinent Chronic Conditions/Diagnosis: \_\_\_\_\_  
 DOC Facility: Bibb  
 Receiving Facility/Hospital: Dr. D. P. Bhuta  
 Route of Transportation: (X) Ambulance SE Val 8 Other  
 Date & Result/Last PPD: 6-16-01 PSA 12 PSA & PSA 12 PSA

OFFSITE HEALTHCARE REPORT: 1 P-5 at 10:00  
PSA ↑  
Prostate (N)

Orders/Recommendations: Plan - 3 4-5 Prostate to  
- at 10:00 Flomax Pro  
samples 4-5 canal  
Please give 1 mg P.O. H.S.

Physician: Bibb/D.A. Abney at # 20 3-12-02 Time: X 2 we are  
 Notify (Facility): Bibb/D.A. Abney  
 Advanced Medical Directive: Yes (Attach 1:1)  
 Report called to: (Name/Title): N/A  
 Signature & Title: N/A

Bill to NaphCare 950 22<sup>nd</sup> St. N. Suite 5100  
 Sharon Hauser, R.N. Director of Utilization R 203  
 800-771-0315

Appt. Date: \_\_\_\_\_

Auth #: \_\_\_\_\_

## NaphCare (National Prison HealthCare)

Hospital/Consultant Referral Form *2C*Inmate Name: MC Crag, Robert AIS#: 167644 Date: 5/24/02DOB: [REDACTED] Race: B Sex: M Allergies: CatapressHistory of working diagnosis (when first recognized, progression of symptoms, physical findings, lab results, current symptoms, current treatments): This gentleman saw Dr. Bhuta in 6/24/1998.He had a PSA of 5.3 at that time, PSA on 2/16/02 was 12.3- PSA on 3/6/02 was 9.8 after 10 days of Bactrim starting on 2/20/02. I gave Bactrim for 30 days starting on 3/30/02 and PSA on 5/6/02 was 9.4.SERVICES REQUESTED/PROVIDER: On 3/30/02, on exam prostate had no nodules but was enlarged moderately. Please send patient back to Dr. Bhuta;Signature (M.D.): Crag, M.D.

Pertinent Chronic Conditions/Diagnosis: \_\_\_\_\_

DOC Facility: Bibb Time Out: \_\_\_\_\_Receiving Facility/Hospital: Dr DP Bhuta - Montg Return Time: \_\_\_\_\_Route of Transportation: (X) \_\_\_\_\_ Ambulance (DOC Van) Other: \_\_\_\_\_Date & Result/Last PPD: 6-11-01 Bmm. Date & Result/Last Chest X-Ray: \_\_\_\_\_

## OFFSITE HEALTHCARE REPORT: \_\_\_\_\_

Orders/Recommendations: \_\_\_\_\_

Physician: Bibb Date: \_\_\_\_\_ Time: \_\_\_\_\_Notify (Facility): Bibb Dr. Abney at: # 205 926-1612 of patient's discharge.

Advanced Medical Directive: Yes \_\_\_\_\_ (Attached) No \_\_\_\_\_

Report called to: (Name/Title): \_\_\_\_\_ Date: \_\_\_\_\_

Signature &amp; Title: \_\_\_\_\_ Date: \_\_\_\_\_



LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000



Phone: 334-263-5745

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
336-684-3176-0	S	YX	COMPLETE	1

## ADDITIONAL INFORMATION

SCC	FASTING: Y DOB: [REDACTED]			
PATIENT NAME MCCRAY, ROBERT	SEX M	AGE(YR./MOS.) 72 / 8		
PT. ADD.:				
DATE OF COLLECTION TIME 12/02/2005 10:27	DATE RECEIVED 12/02/2005	DATE REPORTED 12/04/2005	TIME 11:11	1810

## CLINICAL INFORMATION

CD- 41147608387

PHYSICIAN ID.	PATIENT ID.
PEASANT J	167644
ACCOUNT: Staton Correctional Facility Prison Health Services 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
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PSA, Serum (Serial Monitor)

>	Prostate-Specific Ag, Serum	8.6H ng/mL	0.0 - 4.0	MB
	Beckman (formerly Hybritech) ICMA methodology			

LAB: MB LabCorp Birmingham

DIRECTOR: John Elgin N MD

1801 First Avenue South, Birmingham, AL 35233-0000

Pat Name: MCCRAY, ROBERT	Pat ID: 167644	Spec #: 336-684-3176-0	Seq #: 1810
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



## Serial Monitoring Report

1912 Alexander Drive, Research Triangle Park, NC 27709 (919) 361-7700

Report Date: 12/05/2005

## Patient

Name: MCCRAY, ROBERT  
 Patient ID: 167644  
 SSN:

Date of Birth: [REDACTED]  
 Sex: M

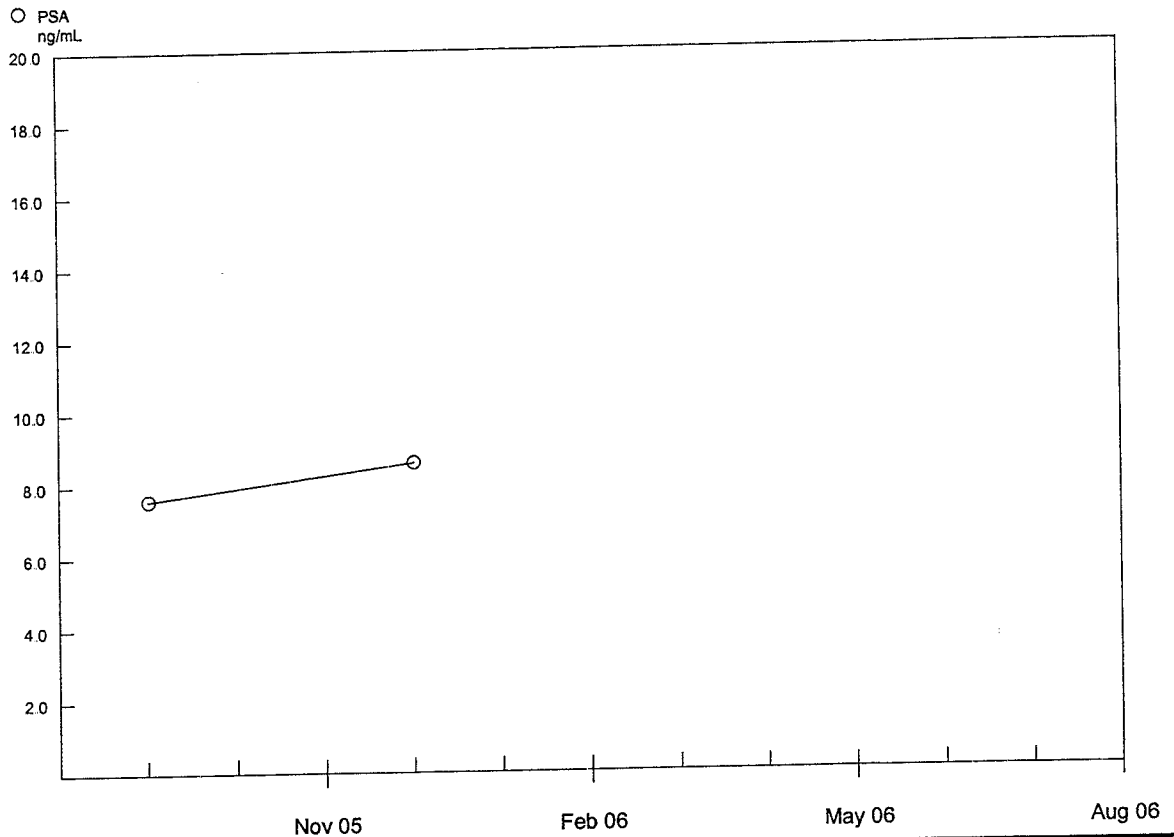
## Account

Staton Correctional Facility  
 Prison Health Services  
 PO BOX 56  
 Elmore AL 36025-  
 Branch: ALB95

Account #: 01308900 Phone: 334-567-1548  
 Physician: PEASANT J

## Specimen

Number: 336-684-3176-0 LLS Acc #:  
 Date: 12/02/2005  
 Patient Age: 72 Years/8 Months



## Recent Result History

	Reference Range		09/02/05	12/02/05
	Low	High		
○ PSA ng/mL	0.0	4.0	7.6H	8.6H

*Staton*  
*12-8-05*

## Relevant Notes

An 'H' or an 'L' next to a numeric value in the recent result history indicates that the value is above or below the reference range for the given test.

Myla Lai-Goldman, MD, Medical Director  
 Andre Valcour, PhD, DABCC, FACB, Director of Esoteric Immunoassay

This document contains private and confidential health information protected by state and federal law.  
 This report is a compilation of previously reported tests and is provided to assist in the interpretation of test results and to aid prognosis.  
 Values obtained with different assay methodologies should not be used interchangeably in serial testing.  
 Assay results should not be interpreted as absolute evidence of the presence or absence of malignant disease.



LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745

<b>SPECIMEN</b> 245-684-3198-0	<b>TYPE</b> S	<b>PRIMARY LAB</b> YX	<b>REPORT STATUS</b> COMPLETE	<b>Page #:</b> 1	
<b>ADDITIONAL INFORMATION</b>					
SCC		FASTING: N DOB: [REDACTED]			
<b>PATIENT NAME</b> MCCRAY, ROBERT		<b>SEX</b> M	<b>AGE(YR./MOS.)</b> 72 / 5		
<b>PT. ADD.:</b>					
<b>DATE OF COLLECTION TIME</b> 9/02/2005 10:36	<b>DATE RECEIVED</b> 9/02/2005	<b>DATE REPORTED</b> 9/04/2005	<b>TIME</b> 11:11	148	

<b>CLINICAL INFORMATION</b> CD- 41147607302	
<b>PHYSICIAN ID.</b> PEASANT J	<b>PATIENT ID.</b> 167644
<b>ACCOUNT:</b> Staton Correctional Facility Prison Health Services 2690 Marion Spillway Road Elmore AL 36205-0000	
<b>ACCOUNT NUMBER:</b> 01308900	

TEST	RESULT	LIMITS	LAB
PSA, Serum (Serial Monitor)			
> Prostate-Specific Ag, Serum	7.6H ng/mL	0.0 - 4.0	MB
Beckman (formerly Hybritech) ICMA methodology			

LAB: MB LabCorp Birmingham  
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

Pat Name: MCCRAY, ROBERT	Pat ID: 167644	Spec #: 245-684-3198-0	Seq #: 148
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Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report



LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000



Phone: 334-263-5745

SPECIMEN TYPE PRIMARY LAB REPORT STATUS  
203-684-3176-0 S YX COMPLETE Page #: 1

ADDITIONAL INFORMATION

FASTING: Y  
DOB: [REDACTED]

CLINICAL INFORMATION

CD- 41147606768

PHYSICIAN ID. PATIENT ID.  
WILLIAMS W 167644

PATIENT NAME  
MCCRAY, ROBERT  
PT. ADDR:

SEX AGE(YR./MOS.)  
M 72 / 4

ACCOUNT: Staton Correctional Facility  
Prison Health Services  
2690 Marion Spillway Road  
Elmore AL 36205-0000

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME  
7/22/2005 7:18 7/22/2005 7/23/2005 11:13 9217

ACCOUNT NUMBER: 01308900

TEST	RESULT	LIMITS	LAB
CMP12+LP+TF+TSH+6AC+CBC/D/Plt			
Chemistries			YX
Glucose, Serum	86 mg/dL	65 - 99	YX
Uric Acid, Serum	4.0 mg/dL	2.4 - 8.2	YX
BUN	15 mg/dL	5 - 26	YX
Creatinine, Serum	1.4 mg/dL	0.5 - 1.5	YX
BUN/Creatinine Ratio	10	8 - 27	
Sodium, Serum	141 mmol/L	135 - 148	YX
Potassium, Serum	4.1 mmol/L	3.5 - 5.5	YX
Chloride, Serum	107 mmol/L	96 - 109	YX
Calcium, Serum	9.2 mg/dL	8.5 - 10.6	YX
Phosphorus, Serum	2.8 mg/dL	2.5 - 4.5	YX
Protein, Total, Serum	6.8 g/dL	6.0 - 8.5	YX
Albumin, Serum	3.8 g/dL	3.5 - 4.8	YX
Globulin, Total	3.0 g/dL	1.5 - 4.5	
A/G Ratio	1.3	1.1 - 2.5	
Bilirubin, Total	0.5 mg/dL	0.1 - 1.2	YX
Alkaline Phosphatase, Serum	92 IU/L	25 - 160	YX
LDH	201 IU/L	100 - 250	YX
AST (SGOT)	18 IU/L	0 - 40	YX
ALT (SGPT)	15 IU/L	0 - 55	YX
**Please note reference interval change**			
GGT	23 IU/L	0 - 65	YX
Iron, Serum	106 ug/dL	40 - 155	YX
Lipids			YX
Cholesterol, Total	180 mg/dL	100 - 199	YX
Triglycerides	66 mg/dL	0 - 149	YX
HDL Cholesterol	43 mg/dL	40 - 59	YX
LDL Cholesterol Cal	133 mg/dL	5 - 40	
LDL Cholesterol Calc	74 mg/dL	0 - 99	
T. Chol/HDL Ratio	3.0 ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5 times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

Men Women

1/2 Avg. Risk 3.4 3.3

Avg. Risk 5.0 4.4

2X Avg. Risk 9.6 7.1

3X Avg. Risk 23.4 11.0

Pat Name MCCRAY, ROBERT

Pat ID: 167644

Spec #: 203-684-3176-0

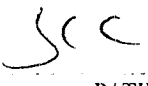
Seq #: 9217

Results are Flagged in Accordance with Age Dependent Reference Ranges



LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745

SPECIMEN 126-684-3198-0	TYPE S	PRIMARY LAB YX	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
				
PATIENT NAME MCCRAY, ROBERT		SEX M	AGE(YR./MOS.) 72 / 1	
PT. ADD.:				
DATE OF SPECIMEN 5/06/2005	TIME 7:00	DATE RECEIVED 5/06/2005	DATE REPORTED 5/06/2005	TIME 23:35 7772

CLINICAL INFORMATION	
CD-41147605849	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 167644
ACCOUNT: Staton Correctional Facility Prison Health Services PO BOX 56 Elmore AL 36025-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
CMP14+LP+5AC			
Chemistries			YX
Glucose, Serum	93 mg/dL	65 - 99	YX
Uric Acid, Serum	6.7 mg/dL	2.4 - 8.2	YX
BUN	12 mg/dL	5 - 26	YX
Creatinine, Serum	1.3 mg/dL	0.5 - 1.5	YX
BUN/Creatinine Ratio	9	8 - 27	
Sodium, Serum	140 mmol/L	135 - 148	YX
Potassium, Serum	4.0 mmol/L	3.5 - 5.5	YX
Chloride, Serum	106 mmol/L	96 - 109	YX
Carbon Dioxide, Total	24 mmol/L	20 - 32	YX
Calcium, Serum	9.4 mg/dL	8.5 - 10.6	YX
Phosphorus, Serum	2.9 mg/dL	2.5 - 4.5	YX
Protein, Total, Serum	7.3 g/dL	6.0 - 8.5	YX
Albumin, Serum	4.1 g/dL	3.5 - 4.8	YX
Globulin, Total	3.2 g/dL	1.5 - 4.5	
A/G Ratio	1.3	1.1 - 2.5	
Bilirubin, Total	0.5 mg/dL	0.1 - 1.2	YX
Alkaline Phosphatase, Serum	109 IU/L	25 - 160	YX
LDH	188 IU/L	100 - 250	YX
AST (SGOT)	20 IU/L	0 - 40	YX
ALT (SGPT)	16 IU/L	0 - 40	YX
GGT	20 IU/L	0 - 65	YX
Iron, Serum	80 ug/dL	40 - 155	YX
Lipids			YX
Cholesterol, Total	138 mg/dL	100 - 199	YX
Triglycerides	71 mg/dL	0 - 149	YX
HDL Cholesterol	48 mg/dL	40 - 59	YX
VLDL Cholesterol Cal	14 mg/dL	5 - 40	
LDL Cholesterol Calc	76 mg/dL	0 - 99	
T. Chol/HDL Ratio	2.9 ratio units	0.0 - 5.0	
Estimated CHD Risk	< 0.5 times avg.	0.0 - 1.0	

T. Chol/HDL Ratio

Men Women

1/2 Avg. Risk 3.4 3.3

Avg. Risk 5.0 4.4

2X Avg. Risk 9.6 7.1

3X Avg. Risk 23.4 11.0



Pat Name: MCCRAY, ROBERT

Pat ID: 167644

Spec #: 126-684-3198-0

Seq #: 7772

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page



LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000

Phone: 334-263-5745

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
126-684-3198-0	S	YX	COMPLETE	2

#### ADDITIONAL INFORMATION

Scc		FASTING-Y	DOB: [REDACTED]	
PATIENT NAME		SEX	AGE(YR./MOS.)	
MCCRAY,ROBERT		M	72 / 1	
PT. ADD.:				

CLINICAL INFORMATION	
CD- 41147605849	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 167644
ACCOUNT: Staton Correctional Facility Prison Health Services PO BOX 56 Elmore AL 36025-0000	
ACCOUNT NUMBER: 01308900	

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
5/06/2005	7:00	5/06/2005	5/06/2005	23:35	7772

TEST	RESULT	LIMITS	LAB
------	--------	--------	-----

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

LAB: YX LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000

DIRECTOR: Alton Sturtevant B PhD

Pat Name: MCCRAY, ROBERT

Pat ID: 167644

Spec #: 126-684-3198-0

Seq #: 7772

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

**Laboratory Corporation of America**

SPECIMEN 320-684-3247-0	TYPE S	PRIMARY LAB YX	REPORT STATUS COMPLETE	Page #: 1
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**ADDITIONAL INFORMATION****CLINICAL INFORMATION**

CD-41147604061

SCC

FASTING: Y  
DOB: [REDACTED]SEX  
MAGE(YR./MOS.)  
71 / 8

PATIENT NAME

MCCRAY, ROBERT

PT. ADD.:

PHYSICIAN ID.  
WILLIAMS WPATIENT ID.  
167644ACCOUNT: STATON CORRECTIONAL FACILITY  
PRISON HEALTH SERVICES  
2690 Marion Spillway Road  
Elmore AL 36205-0000

ACCOUNT NUMBER: 01308900

DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME
11/15/2004	8:00	11/15/2004	11/16/2004	7:54 4366

TEST	RESULT	LIMITS	LAB
BMP without BUN/Cr	72 mg/dL	65 - 99	YX
Glucose, Serum	13 mg/dL	5 - 26	YX
BUN	1.5 mg/dL	0.5 - 1.5	YX
Creatinine, Serum	143 mmol/L	135 - 148	YX
Sodium, Serum	4.2 mmol/L	3.5 - 5.5	YX
Potassium, Serum	106 mmol/L	96 - 109	YX
Chloride, Serum	22 mmol/L	20 - 32	YX
Carbon Dioxide, Total			

LAB: YX LabCorp Montgomery Hull  
543 Hull Street, Montgomery, AL 36104-0000

DIRECTOR: Alton Sturtevant B PhD

11-16-09



Stanton

DEPARTMENT OF CORRECTIONS

DATE: 11/10/05

URINALYSIS

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SPEC. GRAVITY

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UROBILINOGEN

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KETONE

0

PROTEIN

0

GLUCOSE

0

pH

5

HCG

0

(Add: Final Labs Here)

11/12/05 @

INMATE NAME (LAST, FIRST, MIDDLE)	DOC #	DOB	RACE/SEX
McCray, Robert	167644	[REDACTED]	B/M



## Laboratory Corporation of America

SPECIMEN	TYPE	PRIMARY LAB	REPORT STATUS	Page #:
188-205-5027-0	S	MB	COMPLETE	1

## ADDITIONAL INFORMATION

SCC	FASTING: Y	DOB: [REDACTED]			
PATIENT NAME	SEX	AGE(YR./MOS.)			
MCCRAY, ROBERT	M	71 / 3			
PT. ADD.:					
DATE OF SPECIMEN	TIME	DATE RECEIVED	DATE REPORTED	TIME	
7/06/2004	9:00	7/06/2004	7/07/2004	7:55	2352

## CLINICAL INFORMATION

CD- 41147602780

PHYSICIAN ID.	PATIENT ID.
SONNIER M	167644
ACCOUNT: STATON CORRECTIONAL FACILITY PRISON HEALTH SERVICES 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

TEST	RESULT	LIMITS	LAB
BMP without BUN/Cr			
Glucose, Serum	93 mg/dL	65 - 99	MB
BUN	18 mg/dL	5 - 26	MB
Creatinine, Serum	1.5 mg/dL	0.5 - 1.5	MB
Sodium, Serum	142 mmol/L	135 - 148	MB
Potassium, Serum	3.9 mmol/L	3.5 - 5.5	MB
Chloride, Serum	104 mmol/L	96 - 109	MB
Carbon Dioxide, Total	21 mmol/L	20 - 32	MB
> Prostate-Specific Ag, Serum	8.4H ng/mL	0.0 - 4.0	MB

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000

urology c/s done

②

9/29/04



## Laboratory Corporation of America

SPECIMEN 218-684-3252-0	TYPE S	PRIMARY LAB YX	REPORT STATUS COMPLETE	Page #: 1
ADDITIONAL INFORMATION				
SCC		FASTING: Y DOB: [REDACTED]		
PATIENT NAME MCCRAY, ROBERT		SEX M	AGE(YR./MOS.) 71 / 4	
PT. ADD.:				
DATE OF SPECIMEN 8/05/2004	TIME 9:00	DATE RECEIVED 8/05/2004	DATE REPORTED 8/06/2004	TIME 9:29 2938
TEST		RESULT		LAB

CLINICAL INFORMATION CD- 41147603113	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 167644
ACCOUNT: STATON CORRECTIONAL FACILITY PRISON HEALTH SERVICES 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

CMP12+LP+TP+TSH+6AC+CBC/D/Plt					
Chemistries					YX
	Glucose, Serum	95	mg/dL	65 - 99	YX
>	Uric Acid, Serum	9.7H	mg/dL	2.4 - 8.2	YX
	BUN	19	mg/dL	5 - 26	YX
>	Creatinine, Serum	1.7H	mg/dL	0.5 - 1.5	YX
	BUN/Creatinine Ratio	11		8 - 27	
	Sodium, Serum	144	mmol/L	135 - 148	YX
	Potassium, Serum	3.8	mmol/L	3.5 - 5.5	YX
	Chloride, Serum	104	mmol/L	96 - 109	YX
	Calcium, Serum	10.3	mg/dL	8.5 - 10.6	YX
	Phosphorus, Serum	3.0	mg/dL	2.5 - 4.5	YX
	Protein, Total, Serum	8.2	g/dL	6.0 - 8.5	YX
	Albumin, Serum	4.6	g/dL	3.5 - 4.8	YX
	Globulin, Total	3.6	g/dL	1.5 - 4.5	
	A/G Ratio	1.3		1.1 - 2.5	
	Bilirubin, Total	0.5	mg/dL	0.1 - 1.2	YX
	Alkaline Phosphatase, Serum	81	IU/L	25 - 160	YX
	LDH	197	IU/L	100 - 250	YX
	AST (SGOT)	19	IU/L	0 - 40	YX
	ALT (SGPT)	16	IU/L	0 - 40	YX
	GGT	25	IU/L	0 - 65	YX
	Iron, Serum	61	ug/dL	40 - 155	YX
Lipids					YX
	Cholesterol, Total	170	mg/dL	100 - 199	YX
	Triglycerides	134	mg/dL	0 - 149	YX
	HDL Cholesterol	44	mg/dL	40 - 59	YX
	VLDL Cholesterol Cal	27	mg/dL	5 - 40	
	LDL Cholesterol Calc	99	mg/dL	0 - 99	
	T. Chol/HDL Ratio	3.9	ratio units	0.0 - 5.0	
	Estimated CHD Risk	0.6	times avg.	0.0 - 1.0	
T. Chol/HDL Ratio					
			Men	Women	
1/2 Avg. Risk			3.4	3.3	
Avg. Risk			5.0	4.4	
2X Avg. Risk			9.6	7.1	
3X Avg. Risk			23.4	11.0	

The CHD Risk is based on the T. Chol/HDL ratio. Other

Results are Flagged in Accordance with Age Dependent Reference Ranges

Continued on Next Page



## Laboratory Corporation of America

SPECIMEN 218-684-3252-0	TYPE S	PRIMARY LAB YX	REPORT STATUS COMPLETE	Page #: 2
ADDITIONAL INFORMATION				
SCC FASTING: Y DOP [REDACTED]				
PATIENT NAME MCCRAY, ROBERT		SEX M	AGE(YR./MOS.) 71 / 4	
PT. ADD.:				
DATE OF SPECIMEN 8/05/2004	TIME 9:00	DATE RECEIVED 8/05/2004	DATE REPORTED 8/06/2004	TIME 9:29 2938
TEST		RESULT		LIMITS

CLINICAL INFORMATION CD- 41147603113	
PHYSICIAN ID. WILLIAMS W	PATIENT ID. 167644
ACCOUNT: STATON CORRECTIONAL FACILITY PRISON HEALTH SERVICES 2690 Marion Spillway Road Elmore AL 36205-0000	
ACCOUNT NUMBER: 01308900	

factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid				YX
TSH	0.694	uIU/mL	0.350 - 5.500	YX
Thyroxine (T4)	9.1	ug/dL	4.5 - 12.0	MB
T3 Uptake	29	%	24 - 39	MB
Free Thyroxine Index	2.6		1.2 - 4.9	MB
CBC, Platelet Ct, and Diff				YX
White Blood Cell (WBC) Count	5.0	x10E3/uL	4.0 - 10.5	YX
Red Blood Cell (RBC) Count	4.80	x10E6/uL	4.10 - 5.60	YX
Hemoglobin	14.5	g/dL	12.5 - 17.0	YX
Hematocrit	42.5	%	36.0 - 50.0	YX
MCV	89	fL	80 - 98	YX
MCH	30.2	pg	27.0 - 34.0	YX
MCHC	34.0	g/dL	32.0 - 36.0	YX
RDW	13.7	%	11.7 - 15.0	YX
> Platelets	85 L	x10E3/uL	140 - 415	YX
Neutrophils	47	%	40 - 74	YX
Lymphs	39	%	14 - 46	YX
Monocytes	8	%	4 - 13	YX
Eos	5	%	0 - 7	YX
Basos	1	%	0 - 3	YX
Neutrophils (Absolute)	2.4	x10E3/uL	1.8 - 7.8	YX
Lymphs (Absolute)	2.0	x10E3/uL	0.7 - 4.5	YX
Monocytes (Absolute)	0.4	x10E3/uL	0.1 - 1.0	YX
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	YX
Baso (Absolute)	0.1	x10E3/uL	0.0 - 0.2	YX
Hematology Comments:	Note:			YX
Unable to perform accurate platelet count due to platelet clumps. Platelets appear decreased on slide.				

LAB: MB LabCorp Birmingham

DIRECTOR: Arthur Kelly G MD

1801 First Avenue South, Birmingham, AL 35233-0000

LAB: YX LabCorp Montgomery Hull

DIRECTOR: Alton Sturtevant B PhD

543 Hull Street, Montgomery, AL 36104-0000

Results are Flagged in Accordance with Age Dependent Reference Ranges

Last Page of Report

**LabCorp®**

Specimen #	Type	Primary Lab	Status	PG
32-005-0168-0	S	MB	PRELIM	1
Additional Information				
DOB: [REDACTED]				
CD- 51617866682				
Patient Name	Sex	Age (Yr/Mos)		
CCRAY, ROBERT	M	071/02		
Patient Address				
Date Collected	Date Entered	Date Reported		
5/10/04	05/11/04	05/12/04	1176	

Clinical Information	05/12/04 08:52 ET	
Physician ID	Patient ID	
WHITLEY	167644	
Account		
BIBB CORRECTIONAL FACILITY 01705900		
PRISON HEALTH SERVICES 05		
565 BIBB LANE 05		
BRENT, AL 35034-0000		
205-926-5252 ALB		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
P14+LP+5AC					
Chemistries					MB
Glucose, Serum	103	H	mg/dL	65 - 99	MB
Uric Acid, Serum	9.7	H	mg/dL	2.4 - 8.2	MB
BUN	23		mg/dL	5 - 26	MB
Creatinine, Serum	1.8	H	mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	13			8 - 27	
Sodium, Serum	138		mmol/L	135 - 148	MB
Potassium, Serum	5.2		mmol/L	3.5 - 5.5	MB
Chloride, Serum	105		mmol/L	96 - 109	MB
Carbon Dioxide, Total	16	L	mmol/L	20 - 32	MB
Calcium, Serum	9.8		mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	2.6		mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.5		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.1		g/dL	3.5 - 4.8	MB
Globulin, Total	3.4		g/dL	1.5 - 4.5	
A/G Ratio	1.2			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	88		IU/L	25 - 160	MB
LDH	545	H	IU/L	100 - 250	MB
AST (SGOT)	32		IU/L	0 - 40	MB
ALT (SGPT)	10		IU/L	0 - 40	MB
GGT			WILL FOLLOW		MB
Iron, Serum	124		ug/dL	40 - 155	MB
Lipids					MB
Cholesterol, Total	202	H	mg/dL	100 - 199	MB
Triglycerides	180	H	mg/dL	0 - 149	MB
LDL Cholesterol	43		mg/dL	40 - 59	MB
HDL Cholesterol Calc	36		mg/dL	5 - 40	
LDL Cholesterol Calc	123	H	mg/dL	0 - 99	MB

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
---------------	-------------------	---	--

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190

T. Chol/HDL Ratio	4.7	ratio units	0.0 - 5.0
Estimated CHD Risk	0.9	times avg.	0.0 - 1.0
T. Chol/HDL Ratio			

REPORT

©2004 Laboratory Corporation of

CCRAY, ROBERT

PATID: 167644

SPEC DATE: 05/11/2004

Jdine  
eser

**LabCorp®**

Specimen #	Type	Primary Lab	Status	PG
32-005-0168-0	S	MB	FINAL	1
Additional Information				
DOB: [REDACTED]				
CD- 51617866682				
Patient Name	Sex	Age (Yr/Mos)		
CRAY, ROBERT	M	071/02		
Patient Address				
Date Collected	Date Entered	Date Reported		
5/10/04	05/11/04	05/12/04	1181	

Clinical Information		05/12/04 16:17 ET
Physician ID	Patient ID	
WHTLEY	167644	
Account		
BIBB CORRECTIONAL FACILITY		01705900
PRISON HEALTH SERVICES		05
565 BIBB LANE		05
BRENT, AL		35034-0000
205-926-5252		ALB

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
P14+LP+5AC					MB
Chemistries					MB
Glucose, Serum	103		H mg/dL	65 - 99	MB
Uric Acid, Serum	9.7		H mg/dL	2.4 - 8.2	MB
UUN	23		mg/dL	5 - 26	MB
Creatinine, Serum	1.8		H mg/dL	0.5 - 1.5	MB
UUN/Creatinine Ratio	13			8 - 27	
Sodium, Serum	138		mmol/L	135 - 148	MB
Potassium, Serum	5.2		mmol/L	3.5 - 5.5	MB
Chloride, Serum	105		mmol/L	96 - 109	MB
Carbon Dioxide, Total	16		L mmol/L	20 - 32	MB
Calcium, Serum	9.8		mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	2.6		mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.5		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.1		g/dL	3.5 - 4.8	MB
Globulin, Total	3.4		g/dL	1.5 - 4.5	
A/G Ratio	1.2			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	88		IU/L	25 - 160	MB
LDH	545		H IU/L	100 - 250	MB
AST (SGOT)	32		IU/L	0 - 40	MB
ALT (SGPT)	10		IU/L	0 - 40	MB
GGT	2		IU/L	0 - 65	MB
**Result Repeated**					
Iron, Serum	124		ug/dL	40 - 155	MB
Lipids					MB
Cholesterol, Total	202		H mg/dL	100 - 199	MB
Triglycerides	180		H mg/dL	0 - 149	MB
HDL Cholesterol	43		mg/dL	40 - 59	MB
VLDL Cholesterol Calc	36		mg/dL	5 - 40	
LDL Cholesterol Calc	123		H mg/dL	0 - 99	MB

## Comment

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
---------------	----------------	--	---

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190

T. Chol/HDL Ratio	4.7	ratio units	0.0 - 5.0
Estimated CHD Risk	0.9	times avg.	0.0 - 1.0

REPORT

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PATID: 167644

SPEC DATE: 05/11/2004

**LabCorp®**

Specimen #	Type	Primary Lab	Status	PG	2
32-005-0168-0	S	MB	FINAL		
Additional Information					
DOB: [REDACTED]					
CD- 51617866682					
Patient Name	Sex	Age (Yr/Mos)			
ICCRAY, ROBERT	M	071/02			
Patient Address					
Date Collected	Date Entered	Date Reported	1181		
05/10/04	05/11/04	05/12/04			

Clinical Information		05/12/04 16:17 ET
Physician ID	Patient ID	
WHTLEY	167644	
Account		
BIBB CORRECTIONAL FACILITY		01705900
PRISON HEALTH SERVICES		05
565 BIBB LANE		05
BRENT, AL		35034-0000
205-926-5252		ALB

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
T. Chol/HDL Ratio					
				Men	Women
1/2 Avg. Risk				3.4	3.3
Avg. Risk				5.0	4.4
2X Avg. Risk				9.6	7.1
3X Avg. Risk				23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

LAB: MB LabCorp Birmingham      DIRECTOR: Arthur Kelly, MD  
1801 First Avenue South Birmingham, AL 35233-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 205-581-3600 LAB: 205-581-3500  
LAST PAGE OF REPORT

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04/16/04 06:08 ET

Specimen # 06-005-0143-0	Type S	Priority M	Report Status FINAL	PG 1
Additional Information IME 0900 BX DOB: [REDACTED] CD- 51617864404				
Patient Name CLRAY, ROBERT		Sex M	Age (Yr/Mos) 07/1/01	
Patient Address				
Date Collected 4/15/04	Date Entered 04/15/04	Date Reported 04/16/04	0861	

Clinical Information WHITLEY	
Physician ID WHITLEY	Patient ID 167644
Account BIBB CORRECTIONAL FACILITY 01705900 PRISON HEALTH SERVICES 05 565 BIBB LANE 05 BRENT, AL 35034-0000 205-926-5252 ALB	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Chemistries					MB
Glucose, Serum	103	H	mg/dL	65 - 99	MB
Uric Acid, Serum	9.3	H	mg/dL	2.4 - 8.2	MB
UN <i>&gt; kidney</i>	24		mg/dL	5 - 26	MB
Creatinine, Serum	2.0	H	mg/dL	0.5 - 1.5	MB
UN/Creatinine Ratio	12			8 - 27	
Sodium, Serum	138		mmol/L	135 - 148	MB
Potassium, Serum	3.8		mmol/L	3.5 - 5.5	MB
Chloride, Serum	101		mmol/L	96 - 109	MB
Carbon Dioxide, Total	21		mmol/L	20 - 32	MB
Calcium, Serum	9.7		mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	2.7		mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.2		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.1		g/dL	3.5 - 4.8	MB
Globulin, Total	3.1		g/dL	1.5 - 4.5	
A/G Ratio	1.3			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, Serum	94		IU/L	25 - 160	MB
LDH	196		IU/L	100 - 250	MB
AST (SGOT)	18		IU/L	0 - 40	MB
ALT (SGPT)	8		IU/L	0 - 40	MB
GGT	19		IU/L	0 - 65	MB
Iron, Serum	88		ug/dL	40 - 155	MB
Lipids					MB
Cholesterol, Total	221	H	mg/dL	100 - 199	MB
Triglycerides	132		mg/dL	0 - 149	MB
HDL Cholesterol	41		mg/dL	40 - 59	MB
VLDL Cholesterol Calc	26		mg/dL	5 - 40	
LDL Cholesterol Calc	154	H	mg/dL	0 - 99	MB

Comment  
If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Lifestyle Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
---------------	-------------------	---	--

CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
1. Chol/HDL Ratio	5.4	H ratio units	0.0 - 5.0
Estimated CHD Risk	1.1	H times avg.	0.0 - 1.0
(The CHD Risk is based			T. Chol/HDL Ratio

LabCorp®

Specimen# 06-005-0143-0	Type S	Prim P	Report Status FINAL	PG 2
IME 0900				
Additional Information BX				
DOB: [REDACTED]				
CD- 51617864404				
Patient Name ICCRAY, ROBERT			Sex M	Age (Yr/Mos) 071/01
Patient Address				
Date Collected 04/15/04	Date Entered 04/15/04	Date Reported 04/16/04	0861	

Clinical Information 04/16/04 06:08 ET		
WHITLEY		
Physician ID WHITLEY	Patient ID 167644	
Account BIBB CORRECTIONAL FACILITY 01705900		
PRISON HEALTH SERVICES 05		
565 BIBB LANE 05		
BRENT, AL 35034-0000		
205-926-5252 ALB		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Other factors affect CHD	1/2 Avg. Risk		3.4	3.3	
Risk such as hypertension,	Avg. Risk		5.0	4.4	
smoking, diabetes, severe	2X Avg. Risk		9.6	7.1	
obesity, and family	3X Avg. Risk		23.4	11.0	
history of premature CHD.)					
BC With Differential/Platelet					
White Blood Cell (WBC) Count	4.5		X 10 <sup>3</sup> /uL	4.0 - 10.5	MB
Red Blood Cell (RBC) Count	4.53		X 10 <sup>6</sup> /uL	4.10 - 5.60	MB
Hemoglobin	14.0		g/dL	12.5 - 17.0	MB
Hematocrit	41.1		%	36.0 - 50.0	MB
MCV	91		fL	80 - 98	MB
MCH	31.0		pg	27.0 - 34.0	MB
MCHC	34.1		g/dL	32.0 - 36.0	MB
RDW	12.8		%	11.7 - 15.0	MB
Platelets	141		X 10 <sup>3</sup> /uL	140 - 415	MB
Polys	54		%	40 - 74	MB
Lymphs	29		%	14 - 46	MB
Monocytes	12		%	4 - 13	MB
Eos	4		%	0 - 7	MB
Basos	1		%	0 - 3	MB
Polys (Absolute)	2.4		X 10 <sup>3</sup> /uL	1.8 - 7.8	MB
Lymphs (Absolute)	1.3		X 10 <sup>3</sup> /uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.5		X 10 <sup>3</sup> /uL	0.1 - 1.0	MB
Eos (Absolute Value)	0.2		X 10 <sup>3</sup> /uL	0.0 - 0.4	MB
Baso (Absolute)	0.0		X 10 <sup>3</sup> /uL	0.0 - 0.2	MB
Prostate-Specific Ag, Serum	9.6		H ng/mL	0.0 - 4.0	MB

LAB: MB LabCorp Birmingham DIRECTOR: Arthur Kelly, MD  
1801 First Avenue South Birmingham, AL 35233-0000

FOR INQUIRIES, THE PHYSICIAN MAY CONTACT: BRANCH: 205-581-3600 LAB: 205-581-3500  
LAST PAGE OF REPORT

*McCRAY, Robert - 167644*

ID: #STAT#040408100822

04/08/2004 10:08:22

D.O.B.:  
Meds:  
Class:  
Dr:  
Tech:

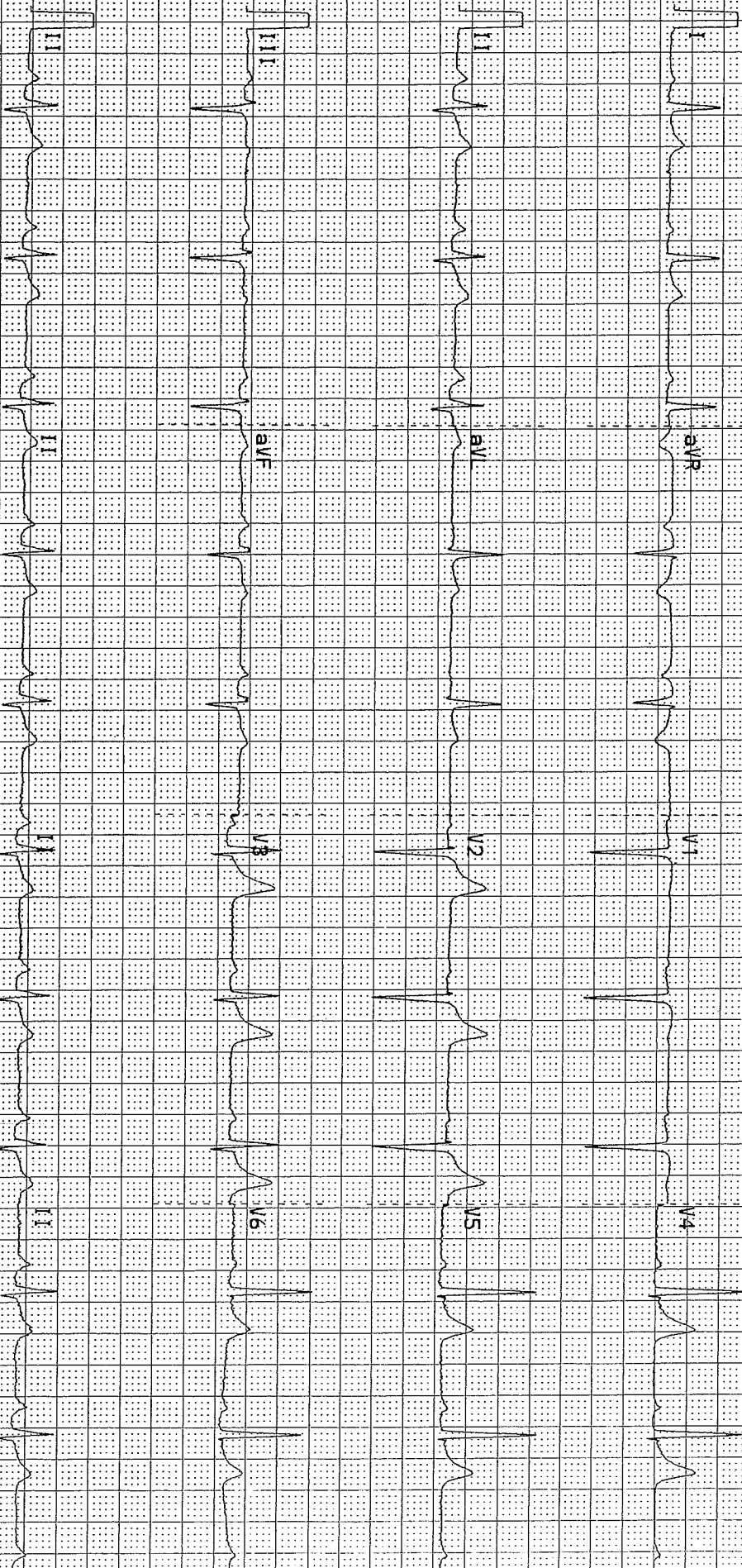
Vent. Rate:	63 bpm
RR Interval:	940 ms
PR Interval:	174 ms
QRS Duration:	86 ms
QT Interval:	370 ms
QTc Interval:	375 ms
QT Dispersion:	56 ms
P-R-T AXIS:	65° -13° 44°

SINUS RHYTHM  
\*\* INTERPRETATION MADE WITHOUT KNOWING PATIENT'S  
WITHIN NORMAL LIMITS

Summary: NORMAL ECG

\* Unconfirmed Anal,

*gpa*



Mc Cray

114/  
65

p 64

After Laying ↓

11:50 AM

102/  
59

p 52

Clammy, Dizzy

attempted to draw Blood no Luck

Rescheduled

CONTINUED REPORT

7186929 AREA/ROUTE/STOP: Q8HM000  
 BIBB CORRECTIONAL FACILITY  
 565 BIBB LN  
 BRENT, AL 35034-4040



PATIENT NAME	PATIENT ID	ROOM NO.	AGE	SEX	PHYSICIAN
<del>MCCRAY, ROBERT</del>	167644		68		BIBB CORRECTIONAL F
PAGE 1	ACCESSION NO.	LAB REF	COLLECTION DATE & TIME	DOB IN DATE	REPORT DATE & TIME
REMARKS	53413	AT298848C	02152002 7:00 AM	02162002	02162002 8:58AM

EASTERN  
TIME

REPORT STATUS	TEST	RESULT	UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE OUT OF RANGE			

Date of Birth: [REDACTED]  
 PROSTATE SPECIFIC ANTIGEN  
 TOTAL PSA

12.3 H

NG/ML

&lt; OR = 4.0

AT

THE REAGENT MANUFACTURER OF THIS ASSAY IS  
 ABBOTT DIAGNOSTICS.

BECAUSE THE CONCENTRATION OF PSA IN ANY GIVEN SPECIMEN  
 CAN VARY DUE TO DIFFERENCES IN ASSAY METHODS AND REAGENT  
 SPECIFICITY, VALUES FROM DIFFERENT ASSAY METHODS  
 CANNOT BE USED INTERCHANGEABLY. SERUM PSA LEVELS,  
 REGARDLESS OF VALUE, SHOULD NOT BE INTERPRETED AS  
 ABSOLUTE EVIDENCE OF THE PRESENCE OR ABSENCE OF  
 DISEASE.

&gt;&gt; END OF REPORT - MCCRAY, ROBERT AT298848C &lt;&lt;

7186929 AREA/ROUTE STOP: QBHM000  
 BIBB CORRECTIONAL FACILITY  
 565 BIBB LN  
 BRENT, AL 35034-4040



PATIENT NAME <b>MCCRAY, ROBERT</b>			PATIENT ID <b>167644</b>		ROOM NO.	AGE <b>68</b>	SEX <b>M</b>	PHYSICIAN <b>LYRENE, GEORGE A</b>	
AGE <b>1</b>	REQUISITION NO. <b>8581465</b>	ACCESSION NO. <b>AT703985C</b>	LAB REF. #	COLLECTION DATE & TIME <b>03052002 7:45 AM</b>		LOG-IN DATE <b>03062002</b>		REPORT DATE <b>03062002</b>	TIME <b>8:22AM</b>
REMARKS									

EASTERN  
TIME

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
FINAL		IN RANGE	OUT OF RANGE			

Date of Birth: [REDACTED]  
 PROSTATE SPECIFIC ANTIGEN  
 TOTAL PSA

9.8 H NG/ML < OR = 4.0

AT

THE REAGENT MANUFACTURER OF THIS ASSAY IS  
 ABBOTT DIAGNOSTICS.

BECAUSE THE CONCENTRATION OF PSA IN ANY GIVEN SPECIMEN  
 CAN VARY DUE TO DIFFERENCES IN ASSAY METHODS AND REAGENT  
 SPECIFICITY, VALUES FROM DIFFERENT ASSAY METHODS  
 CANNOT BE USED INTERCHANGEABLY. SERUM PSA LEVELS,  
 REGARDLESS OF VALUE, SHOULD NOT BE INTERPRETED AS  
 ABSOLUTE EVIDENCE OF THE PRESENCE OR ABSENCE OF  
 DISEASE.

>> END OF REPORT - MCCRAY, ROBERT AT703985C <<

3/16/02  
 Pull Chart  
 CD

7186938 AREA/ROUTE/STOP: QMGY011  
KILBY CORRECTIONAL FACILITY  
12201 WRES FERRY RD  
MOUNT MEIGS, AL 36057



Quest  
Diagnostics

PATIENT NAME <b>MCCRAY, ROBERT</b>		PATIENT ID <b>167644</b>		ROOM NO.	AGE <b>69</b>	SEX <b>M</b>	PHYSICIAN <b>OPC</b>	
PAGE <b>1</b>	REQUISITION NO. <b>5952954</b>	ACCESSION NO. <b>AT515234K</b>	LAB REF. #	COLLECTION DATE & TIME <b>02102003 10:54 AM</b>		LOG-IN-DATE <b>02112003</b>		REPORT DATE <b>02112003</b>
REMARKS								8:11AM

EASTERN  
TIME

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
FINAL						
Date of Birth: [REDACTED]						
A COPY OF THIS REPORT HAS BEEN SENT TO: NAPHCARE INC						
950 22ND ST N STE 825						
BIRMINGHAM, AL 35203-5300						
CBC (INCLUDES DIFF/PLT)						
WHITE BLOOD CELL COUNT			13.8 H	THOUS/MCL	3.8-10.8	AT
RED BLOOD CELL COUNT	4.32			MILL/MCL	4.20-5.80	
HEMOGLOBIN	13.6			G/DL	13.2-17.1	
HEMATOCRIT	39.6			%	38.5-50.0	
MCV	91.5			FL	80.0-100.0	
MCH	31.5			PG	27.0-33.0	
MCHC	34.4			G/DL	32.0-36.0	
RDW	13.2			%	11.0-15.0	
PLATELET COUNT			122 L	THOUS/MCL	140-400	
ABSOLUTE NEUTROPHILS			12365 H	CELLS/MCL	1500-7800	
ABSOLUTE LYMPHOCYTES			455 L	CELLS/MCL	850-3900	
ABSOLUTE MONOCYTES			952 H	CELLS/MCL	200-950	
ABSOLUTE EOSINOPHILS	28			CELLS/MCL	15-500	
ABSOLUTE BASOPHILS	0			CELLS/MCL	0-200	
NEUTROPHILS	89.6			%		
LYMPHOCYTES	3.3			%		
MONOCYTES	6.9			%		
EOSINOPHILS	0.2			%		
BASOPHILS	0.0			%		

>> END OF REPORT - MCCRAY, ROBERT AT515234K <<

49

Quest  
Diagnostics

PATIENT NAME NICKRAY, ROBERT			PATIENT ID 167644		ROOM NO.	AGE 69	SEX M	PHYSICIAN ROBBINS	
PAGE 1	REQUISITION NO 5952520	ACCESSION NO A1778256J	LAB REF. #	COLLECTION DATE & TIME 01092003 14:40 PM		LOG-IN-DATE 01102003		REPORT DATE 01102003	& TIME 7:55AM

REMARKS

## ANSWER TIME

[illegible]

7186938 AREA/ROUTE/STREET: WINGYOLI  
KILBY CORRECTIONAL FACILITY  
12201 WREN FERRY RD  
MOUNT PELICAN, AL 36557



PATIENT NAME MURRAY, ROBERT		PATIENT ID 167644		ROOM NO.	AGE 69	SEX M	PHYSICIAN ROBBINS	
PAGE 2	REQUISITION NO. 5952520	ACCESSION NO. AT7782563	LAB REF. #	COLLECTION DATE & TIME 01092003 1:39 PM		LOG-IN-DATE 01102003		REPORT DATE 01102003
REMARKS								& TIME 7:15AM

END OF  
LINE

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
		IN RANGE	OUT OF RANGE			
FINAL						
Date of Birth: [REDACTED]						
CBC (INCLUDES DIFF/PLT) (CONTINUED)						
	ABSOLUTE BASOPHILS	16		CELLS/MCL	0-200	
	NEUTROPHILS	54.4		%		
	LYMPHOCYTES	28.1		%		
	MONOCYTES	12.1		%		
	EOSINOPHILS	5.1		%		
	PLATELETS	2.2				
>> END OF REPORT MURRAY, ROBERT AT7782563 <<						

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